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No. 1

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THE ALABAMA MEDICAL JOURNAL.

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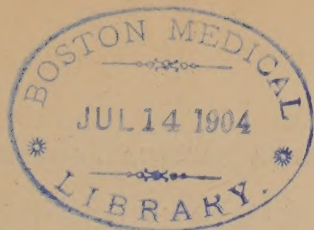
P. 349

...there were no unpleasant sequels, except
slight headache. [H.C.]

4.—White, in his article on the physiologic action of petroleum, gives the following summary: It is (1) inhibitory to the growth of putrefactive and pathogenic bacteria, such as are met in the alimentary canal, while it does not inhibit or interfere with peptic or pancreatic digestion; (2) and therefore is an agent for relieving flatulence by preventing fermentation; in fact it acts the part of an internal antiseptic; (3) by its action in stimulating peristalsis, increasing diffusibility of intestinal contents, it not only increases nutrition and weight, but helps the natural movement of the bowels, by its lubricating power relieves constipation, and favors the elimination of noxious and toxic products from the system. As to its weight increasing action he states that the weight gained under its influence is much greater in proportion than it or any other oil could afford, even if digested and absorbed, and that petroleum is perfectly incombinate chemically, and indigestible, but the result of the experiments in this direction at once shows that though this be the case, yet when the emulsion is mixed with digested food material, the effect is very different. [H.C.]

5.—Robinson, in his article on the treatment of
gonitis, suggests the following

Angier's Petroleum Emulsion
with Hypophosphites
was used by Prof. White in
making these research Experiments
Angier Chemical Co.
Boston Mass.



THE ALABAMA⁵⁹⁴⁶ MEDICAL JOURNAL.

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Original Communications.

PRESIDENT'S ADDRESS—MEDICAL MAN AND HIS EDUCATION.*

By M. C. MCGANON, M. D.,

NASHVILLE, TENN.

Gentlemen of the Tri-State Medical Society of Alabama, Georgia and Tennessee:

Permit me to thank you for the honor you conferred upon me one year ago today at Chattanooga, when you elected me to fill the President's chair. It was the highest honor you could bestow; an honor any man might esteem, and one that I appreciate to the fullest.

It gives me great pleasure indeed, to preside over such a large and enthusiastic meeting, and to welcome you to Tennessee's Capitol City. I regret that I cannot take to myself some of the credit for the success of this meeting. Though heart and soul with the gentlemen who have been untiring in their efforts to arrange this gathering, so that it might enrich every member, who by his presence lent to its importance, still my absence in Europe prevented me from taking the active part I so much desired in its organization. I now wish to thank your secretary and the various committees for their unselfish and undiminished efforts in making this meeting what it is, and what it should be; a center from which much fresh medical thought and learning shall flow. This brings me to the subject to which I desire to invite your attention: The Medical Man and his Education.

The subject is so vast that any attempt to cover it would require

*Delivered before the Tri-State Medical Society of Alabama, Georgia and Tennessee, October 8, 1901.

more time than I have at my disposal. It is not my intention to weary you with a long dissertation upon the topic, but rather to sketch a brief outline, touching upon its salient points and presenting for your consideration a few thoughts upon the advancement of scientific medicine in this country.

It is generally conceded, hence it will require no proofs at my hands, that the medical profession in this country is very much over crowded. I have always thought that in large cities one doctor for every one thousand of the population would be such a proportion as the ills of humanity would require, and that with such a proportion the doctors would be able to maintain themselves in a style befitting their profession.

Formerly this was about the ratio of medical men to the inhabitants of this country, but that condition has changed, and now in the larger cities of the United States the ratio of physicians and surgeons to the population is about 1 to 300. It is almost needless to say that no medical man who is compelled to rely upon a population of 300 souls for his clientele, can support himself and his family and give them the comforts and surroundings that should and must be theirs, if the medical man occupies his proper social position; such a position as he is entitled to by his education and professional attainments.

But the medical field is not the only one that is thoroughly cultivated. The bar and the church have no vacancies; there are quite as many ministers without churches, and barristers without briefs, as there are doctors without patients. But the congestion does not stop here; it is in the factory, the bakery, the store, the market, upon the road and the farm. Man is a social animal, and hence tends to congregate in masses. The townsman rushes to the city, the villager flees to the town, the countryman leaves the farm for the village, and all seek a simple road to ease and luxury. Each thinks the occupation of the other as possessing superior charms that their own lacks. They know the dark side of their own lives and see but the bright side in that of their neighbors.

In this mad scramble for the soft places, there is but little thought on the part of individuals, as to their fitness for the work they undertake, hence the failures that confront us on every hand. Each seeks that which seems to him the most alluring; not always that for which nature has endowed him.

The medical field has probably more attractions for young men seeking to solve the problem of their life's vocation than any other profession or vocation, because they have from earliest infancy been educated to look upon the family physician as an individual to be admired and trusted, a family friend, counselor and succor in time of need. It is to

be regretted that parents and guardians do not take more serious and business like part in guiding young men in the choice of a life time's labor.

Too often caprice or prejudice, or a mistaken notion of the ease or the emoluments to be found in the physicians occupation, lead people to the study of medicine. Physical and mental fitness of the individual is not always sufficiently considered. Medical teachers and law makers have recognized this deplorable condition and have tried to remedy it by making more or less stringent regulations governing the entrance upon the study of medicine. Once a man starts on a medical course he will succeed in winning his diploma, though his whole after life may be a failure, so that the time to guide a man to the proper path is when he first starts out on his life's journey.

The general public, even though it prefers being humbugged in its medicine and religion, soon learns to respect a self-respecting, dignified individual or collection of individuals and almost invariably places persons in their proper positions. It follows then, that the medical profession does and will command the public respect and confidence only in that proportion to which it is entitled. If this be true, and I think no one will gainsay it, then it behooves us as medical men who have the welfare of the science of medicine at heart, as citizens who desire to see the health of the nation's power in competent hands, to learn what are the individual characteristics that will most tend to make the ideal physician and having ascertained that, to encourage in its study only those possessing these qualities.

The profession of medicine is not one in which there are great money prizes to be drawn; it is not one in which ease of life can be had, hence those whose god is money or whose desire is peace and plenty, or laziness and luxury should not enter the medical field. It is these who degrade the profession; prostitute their high calling; lend their names and degrees to this and that legalized fraud, which with blare of trumpet and lime light flash, proclaims itself in every city in our land; who for a consideration endorse the Mysterious Magical Minister of A. A. A. B. B. B. or C. C. C. or other conscienceless coin collectors, advertised—for a time at least—to the medical profession only.

That wolf, want, compels some men into doubtful paths; others follow the broad and unholy way, because they are too weak to plod the more narrow and difficult one. At least some men of honorable years and exalted standing in the medical profession are indirectly responsible for the failure of some of the younger men. By long experience, by constant study and in many cases by brilliancy of intellect, these older practitioners have reached a plane to which the younger man

can only aspire. Their opinions are of great weight and their services are of inestimable value. They would consider it little less than an insult, and justly so, were any one to place the same value upon their expressed opinions as upon those of a recent graduate; yet are their fees always greater? do they always make those who are able to pay, do so? For a certainty they do not. In many instances the charges for services made by these men who are high in the ranks of the profession are ridiculously small. In not a few cases bills are never rendered, and patients are allowed to pay what they choose.

Now it may be said that this is quite the legitimate privilege of every practitioner, and I am ready to admit its legality, but all legitimate acts are not honest ones. I contend, an eminent practitioner is not serving the best interests of himself or his profession and is not just to his younger confreres when he either donates his services to a wealthy public or when he places his scale of fees on the same or a lower level than that commonly charged by the younger and less experienced men.

What chances have these younger men in competition with those of ripe experience and long residence in a community? Practically none. They must simply wait and hope until a kind providence or overwork removes the competing member.

Another thoughtless practice is a source of loss in fees to the medical profession. It is that of sending patients well able to pay, away from home to some clinic for special work, where they may be treated for little or nothing, or of sending them to a specialist, with a letter asking for a reduction from the usual fee. If patients are unable to pay, it is quite proper to do both of these things; but when a patient is able to pay, such a course acts like a two edged sword; it cuts the specialist out of his legitimate fee, and it strikes deep into the respect held by the community for the home physician.

The fees received by the medical profession for their services are small at best, if they are measured by the years of study necessary; by anxieties entailed and by the responsibilities assumed in the work. If all doctors insisted upon being paid fair fees for their work, by those able to pay, and if the men of years and ripe experience set the example in this regard, there would be less downright poverty in our ranks and fewer of those, wishing to do right, would be compelled by toiling wife and hungry babe to do that of which they are ashamed, that the one may eat and the other rest.

How far the medical profession as a body, including its colleges and teachers, is responsible for these abuses which are so potent to lower the political and social standing of the profession of medicine

it would be difficult to state; but that it is responsible in a large degree by its sins of omission, cannot be for a moment doubted.

Preceptors and medical practitioners as a rule take no steps to discourage from entering upon the study of medicine prospective students who are unfitted to adorn its ranks; while too often medical schools and medical teachers in their laudable efforts to secure pupils to whom they may impart a knowledge of the healing art, look too lightly to the qualifications essential to success and honor in the practice of medicine.

One of the essentials for matriculation in all medical schools is a good preliminary education. At first thought, one would think that this rule would never be broken; but that the literary attainment required by the laws of the medical college associations are not always possessed by those admitted by our medical colleges is beyond a doubt proven, again and again, by the answers given at State Board examinations and in the written applications for public positions.

The Medical Calendars of the last few years, almost in every instance show a lengthening of the courses of study and an increase in the number of subjects taught. Everywhere is evidence of a demand for greater proficiency in the medical graduate; but is there any proof that the colleges are requiring more from the intended medical student? I think not. As a matter of fact, there is rather a lessening in the excellence of literary qualifications demanded for matriculation. It is often stated that some of the great men of the profession have had but meager advantages in their early years; in short have had but little if any preliminary education. This is no doubt true; but let me ask what might not those geniuses have attained, had they been possessed at the outset with a good literary training.

Then again the argument loses force in the present crowded state of the profession. We do not lack for ability in our ranks and we would not be injured by being deprived of those exceptional bright minds, which though without early education, possess sufficient power to master the subject of medicine and adorn it in practice. Nor do I think by rejecting them, we would be doing them an injustice, since individuals so endowed would do equally well if not better in some walk of life where literary attainments are less essential.

In this age the public demands, appreciates and respects only the best, and it is clearly our duty as far as it is in our power to see that the public gets what it desires and at the same time, to protect legitimate scientific medicine and to place its practitioners upon the high plane they should occupy.

Having done our best to see that desirable men only are encouraged

to enter upon the study of medicine, we can safely leave it to the medical schools of this country to give them a solid foundation for a grand superstructure; the upbuilding of which will require a life time of constant toil. It is true we have a great number, probably too many reputable medical schools in this country; still they are all doing good work and I may safely defy the unprejudiced hand to point the finger of scorn at any of them. Each and every one can boast of the high honors that have been from time to time conferred upon its graduates by a keen, criticizing public, thus demonstrating the efficiency of the teaching work done in the institutions.

Medicine has made such gigantic strides in the last few years that the medical schools in order to properly convey to their student this enormous accumulation of knowledge, have from time to time been obliged to increase the number and length of their sessions. There are those amongst us, whose honored names are now medical household words in every land, who in their student days found two sessions of six months each, sufficient to master the rudiments of medicine as then taught. They have seen the science of medicine gradually grow to its present proportions and they are amongst the foremost in urging not only an increase in the number of sessions, but also the lengthening of courses from six to eight months each. They have seen the sessions increase from two to four and the end is not yet. I predict that within a few years, all schools will follow the example at present set by a few, and make their courses eight months instead of six; and I would not be surprised to see another session added, so that the best American Medical Schools will have five sessions of eight months each instead of four of six months each. This may seem extreme, but what does the extra session amount to in the end; a few more dollars and a few more months in the beginning of the course of study, that should continue without ceasing for a life time. This extra preparation is being demanded before attempting practical application of the knowledge acquired. Will this be an injury or a hardship? A temporary hardship it may be, but an injury, no.

The public, whose lives are in our hands, will be greatly benefited by the results of this extra training, and the medical man will be better able to make an unqualified success of his life's work.

School training but teaches a man how to study. His whole life must be one constant round of mental work, and the highest attainment is achieved only by those who early recognize this fact and keep it constantly before them. A man's daily work is his school, but he has no guiding masters. The problems that confront him he must work out alone, by perseverance, patience, deep thought and study, and even then, their solution is not always satisfactory.

In the past, medical men laboring under their burdens, sought to lighten them by calling together a number of their brethren and by laying before them a history of their most puzzling cases that by counsel and discussion, the doubtful points might be removed, and the uncertain diagnosis made certain. Medical societies thus had their origin. Born of necessity, nurtured by a strong honest profession, these gatherings have become powerful organizations in which the medical thought of the world is crystalized, and then in its perfect form given back to the world. They have become great Post Graduate schools to which all are freely invited to come without cost and not only acquire the latest and most advanced work in the profession, but to assist in the elucidation of doubtful points in connection with the subjects brought up for discussion.

Every man owes it to his profession, to his clients and to himself to acquire and to impart knowledge. Already the every watchful public are recognizing the importance of medical societies as centers of education, and are employing by preference the progressive men who are constant attendants at these gatherings.

Attendance upon a medical society, however, is not enough; each member owes something to the society of which he is a member in order that the best results may be obtained. He should attend its meetings, he should volunteer and prepare papers, he should make careful preparation to enter into the discussions upon the various subjects that are announced to engage the attention of the society, and he should so deport himself during the meeting that those with whom he is associated shall feel that they have been pleased and honored by his attendance; and just here let me say a word about discussion: Too often valuable time is wasted by vain repetition of points brought out by the essayist and by tiresome reports of cases differing in no way from those mentioned in the essay. Just praise of a good paper is not only commendable, but is due; on the other hand, a discussion begun by the statement that the essayist has quite covered the ground when the next sentence proves that the speaker does not believe that he has done so, is unnecessary to say the least of it. Questions to clear up obscure points, honest differences of opinion expressed firmly, reports of cases that bear upon the subject in hand, especially if such tend to make plain a doubtful phase, are the points most valuable in a discussion. Facts thus elucidated and knowledge thus obtained, sinks deeper into the brain and remains ever ready for practical application.

A man goes home after attendance upon society meetings refreshed in mind and body, ready to take up the daily routine of ministering

to the sick and afflicted and labors more zealously than before in their behalf. He carries with him a firmer resolution to devote more time to his books and his journals than was his former habit. He feels more keenly the necessity of constant study in order to keep in touch with the rapid advancement the science of medicine is making at the present time.

Imbued with a deep sense of the importance of the science of medicine to the body politic and with the necessity of constant study on the part of medical men that they may give to the public the best that medicine has to offer, they will impress upon those about them the value of the healing art and thus aid in placing scientific medicine upon its proper plane in the public mind. Once this is done, the public will protect itself by social expression and legal enactment against the debasing tyranny of Charlatanism. Educated by educated physicians, the legislatures of many of our states, have already thrown these safeguards about the public health, and I have no doubt but the time is not far distant when all will do so.

During the last few months I have had an opportunity of observing medical work and medical teaching abroad. I cannot speak in terms too laudatory of the courtesies I received or of the work that I saw, but I assure you gentlemen that it is not better than our own and that I came home with a feeling in my heart of pride, because of American medical men and American medical teaching.

BRAIN SOFTENING.

By MICHAEL CAMPBELL, M. D.,

KNOXVILLE, TENN.,

Superintendent Eastern Asylum for Insane.

It is not my purpose to treat exhaustively the subject of brain softening, as it would far exceed the limits of an article proper to be read on this occasion, but to describe briefly the ordinary development of the disease, and give an account of a case that recently came to me for treatment, and which illustrated one of its rarer forms. As most cases of brain softening are caused by occlusion of its blood vessels, I shall very briefly call your attention to the cerebral circulation.

The brain receives its large supply of blood from the vertebral and internal carotid arteries, which form, by their divisions, the cerebral and cerebellar arteries. The sub-divisions of these last named vessels,

besides supplying the ventricles, ramify in the pia mater. This membrane is thrown over the brain like a net, dipping down into the sulci of the convolutions, and sending blood vessels to the white matter of the interior, both from below upwards and from above downward.

The gray matter, both of the cortex and basal ganglia, because of its greater functional activity, is more abundantly supplied with blood than the white. Softening of nerve tissue consists in, and is due to the breaking up of the elements, the resulting particles become saturated with serum, so that a soft pulp replaces the original firm tissue. This is the characteristic effect of inflammation, most often seen in the focal inflammation following hemorrhage of the brain. Formerly all softening was thought to be the result of inflammation, but it is now known that in the majority of cases, it is caused by the occlusion of an artery, vein or sinus, cutting off the blood supply from the part beyond the place of obstruction. These obstructions are caused either by an embolism, or thrombus. An embolism may be described as a plug in an artery of the brain, which has come from a distance, usually from the heart, and is an evidence of disease elsewhere than in the brain, while a thrombus is the effect of local disease of an artery in the brain, by which its caliber is narrowed or its intima roughened, so as to cause coagulation of the blood. The chief causes of these changes in the inner coat of an artery that causes thrombus are atheroma and syphilis. The source of a plug in embolism may be anywhere between the lungs and the brain: detached material from a pulmonary abscess may come through the pulmonary veins to the side of the heart, and from there find its way to the brain. Or it may be the result of an endocarditis, ulcerative or rheumatic. In these cases, Gowers says that there are frequently vegetations on the valves which may become detached, and thus washed into the blood current. Softening is divided into three classes, red, yellow and white. Red softening is found generally in parts where the blood vessels are most numerous, in the cortex and ganglia. Yellow softening comes from red softening by degenerative changes. White softening does not differ from the color of white matter of the brain where it is found. It is consistence variable, sometimes diffluent, but more frequently like firm ice cream. The most frequent seats of softening are the cortex, corpus striatum and optic thalamus, but any portion of the brain may suffer. Changes occur very rapidly after the occlusion of an artery. In one of my autopsies forty-eight hours after the attack, a large area of softening was found, the result of an embolus. The symptoms were those of an apoplectic stroke, with hemiplegia. The hemiplegia was

with difficulty, made out, owing to the prostration and unconsciousness of the patient.

When we consider the causes of the occlusion of the cerebral arteries, and remember how large a proportion of the human race suffers from endocarditis, syphilis and atheroma, the statement that softening is one of the most common of brain diseases, is not surprising. Neurologists generally hold that it is more common even than hemorrhage. The symptoms of cerebral softening in the majority of cases, resemble strongly those of hemorrhage, and diagnosis of softening is made rather from general considerations, than the immediate symptoms at the time of the attack. Hemorrhage is improbably in a patient under forty years of age. If, in addition, there is a history of heart trouble or syphilis, the symptoms point strongly to softening, and the diagnosis may be made with reasonable certainty; the greatest difficulty is encountered in patients past middle life, for the greater probability of hemorrhage at that age is accompanied by atheroma and arterio sclerosis, which are causes of softening, given a case with full bounding pulse and flushed face, hemorrhage is indicated. Rather than softening, notwithstanding evidences of arterial degeneration, deep coma is also more characteristic of hemorrhage. Unfortunately, profuse hemorrhage causes pallor and feeble pulse and in some cases of apoplexy in the aged, the most expert diagnosticians can only be sure of the lesion after an autopsy, notwithstanding the difficulties of diagnosis in some cases of necrotic softening, no pains should be spared to arrive at the true nature of the lesion as the initial treatment of softening differs radically from that of hemorrhage. In hemorrhage the indication is to lower the blood pressure, to quiet the action of the heart, and thus favor coagulation, while in softening coagulation is the foe to be dreaded, and is best combated by sustaining the action of the heart, with digitalis and strophanthus. The above, briefly described forms of brain softening, is applicable to the ordinary development of the disease, and does not include certain rarer cases that have a different symptomatology, one of which recently fell under my notice.

There was brought on July 31, 1901, to the Eastern Hospital for the Insane, near Knoxville, Tenn., Mr. M. L., aged twenty-nine. He had a history of syphilitic infection six years before his admission, and had gone to Hot Springs, Arkansas, for treatment. He was in charge of my colleague, Dr. S. R. Miller, during the fall of 1900, when nervous symptoms developed. He complained of severe pain at the base of the skull, and the head was abnormally sensitive to percussion. He also suffered with deep-seated pain apparently in the center of the

cerebrum. His suffering was worse at night, when he would continually walk the floor. Later, mental symptoms developed, and he was sent to the East Tennessee Hospital for the Insane, where, as above stated, the patient arrived on July 31, 1901. He had been treated by Dr. Miller with both mercury and iodide of potassium, and had improved, the result of the treatment was to relieve him from the severe pains in the head. Examination at the time of his reception showed marked dementia, and while there was no paralysis, there was a spastic condition of the muscles like that found in advanced cases of paralysis agitans, and he had the propulsive gait characteristic of that disease. On Aug. 6th he gradually lost the use of himself, and became unconscious, but there was no complete paralysis, but rather a more pronounced spastic condition. His temperature ranged from 103 degrees to 105 degrees. He lingered in this condition until Aug. 10th, when he died. Autopsy twenty-four hours after death. The dura was strongly adherent to the base of the skull; with other evidences of former pachy-meningitis. A minute examination could not be made of the blood vessels as the pia as well as the brain substance was torn when they were taken from the calvarium. While making thin horizontal sections of the right hemisphere at the distance of one-half inch from the superior surface of the middle lobe, the knife passed into several lacunae, entirely empty from the size of an average to a large broom straw, they penetrated an inch or more down toward the basal ganglia. In the centrum ovale, half way between the cortex and the corpus striatum, an area of softening was found, one inch deep, and into which the middle finger could be thrust. Other portions of the brain substance to the naked eye were apparently normal. Microscopic sections were not made. The early nervous symptoms in this case: severe nocturnal headache, etc., were evidently due to the pachymeningitis of syphilitic origin. The lacunae, an area of softening, were caused by syphilitic occlusion of the long arteries that penetrate downwards and inwards from the lateral and superior surfaces of the cortex for the nourishment of the white substance of the brain. These arteries do not anastomose with any others, but their occlusion necessarily results in necrosis of the parts that they supply with blood. The history of this case teaches that the physician should be cautious in giving a favorable prognosis in nervous disease due to syphilis, for while it is true that many severe paralyses caused by syphilitic inflammation and gummata respond brilliantly to anti-syphilitic treatment, the probability of incurable necrosis should not be lost sight of.

AN OPERATION FOR TUBAL PREGNANCY, COMPLICATED
WITH APPENDICITIS AND FIBROID TUMORS OF UTERUS.

By PUGH ULPIAN BROWN, M. D.,

TROY, ALA.

Gentlemen of the Tri-State Medical Society: This anomalous form of gestation has been recognized by the medical profession for the past three or four centuries, but only regarded as a post mortem curio; with no suggestion as to its etiology, pathology or treatment. During the past twenty years, however, the subject of extra-uterine pregnancy has excited much discussion and many valuable articles have been written concerning its etiology, pathology and surgical treatment. In spite of all the able discussions on the subject, there seems to be no consensus of opinion amongst the profession and the cause is still a subject of speculation. On the other hand the surgical treatment has made rapid strides and the operation has about reached perfection. So that at this time with due regard to asepsis and antisepsis it is not fraught with the danger that it formerly was and many lives are saved by it. The case under discussion is that of a mulatto, thirty years of age, who began to menstruate at the age of fourteen. She gave a history of two miscarriages, the last one about eight years ago. But had never borne a child to term. She had a profuse metro-staxis since February first, and was wasting some at this time, June 17th. Patient was markedly anaemic. She was suffering at this time with nausea and vomiting, a muco-sanguinous diarrhoea, rectal tenesmus, together with colicky pains over the abdomen. She also complained of dysuria and frequent micturition. Temperature was 102 degrees, pulse 110, conjunctivae icteric. Inspection of abdomen in recumbent position showed an enlargement, which was symmetrical. On palpation a firm tumor was felt assuming the longitudinal position of uterus with its bulk lying to the right of median line. Bimanual examination revealed a tumor anterior and right lateral to uterus, os pushed downward, and a distinct sulcus between tumor and uterus. The os was only slightly enlarged and no marked softening of the same. Combining the history of the case and the examination, there was nothing typical of an ectopic gestation. Patient was given a mixture of epsom salts and paregoric for the mucous diarrhoea, ordered a regular diet, no positive diagnosis was made. Assisted by Dr. J. S. Beard, I operated on her two days later. Having observed all the details of aseptic and antiseptic technique, patient's body having been given a green soap bath, in its entirety, for two successive days, abdomen scrubbed, pubes shaved, and vagina irrigated and scrubbed, a free

incision was made in the median line, between umbilicus and pubes. When the abdomen was opened, a large dark mass the size of an adult head came out into view. The uterus was crowded backward. The mass sprang from left tube, and broad ligament was reflected over fundus of uterus and lay anterior and right lateral to it, and was adherent to uterus. It also crowded bladder under symphysis pubes and was adherent to same. There were numerous other adhesions, to anterior abdominal wall, pelvic wall and intestines. While freeing the sack of its adhesion to neighboring structures, the cecum and appendix were found adherent to sac, and the appendix enlarged and diseased, it was left alone until the sac was disposed of. The sac was brought to abdominal wound, incised and emptied of its contents, the products of an ectopic gestation, blood clots and a placenta partially attached to superior border of tube. A foetus, five inches in length lay between the folds of broad ligament. During the removal of sac contents, hemorrhages were free, this was controlled by claspings the broad ligament with pedicle, forceps both of uterine and pelvic side. The ovary and tube were then removed, and the broad ligament stump ligated at successive intervals. The pregnancy was primarily a tubal one; secondarily a tubo-ligamentous one, rupture between folds of broad ligament having occurred in early weeks of pregnancy foetus surviving the rupture continued to grow. The abdominal cavity was irrigated with hot normal solution of salt, the space between broad ligament cleansed of all shreddy tissue, and the superior and inferior folds of the broad ligament brought together by continuous suture of catgut. The abdominal wound was then held open by means of retractors. The appendix walled off from rest of peritoneal cavity with sterile gauze pads, freed from all adhesions, its mesentery tied at short intervals and cut away from it. A circular incision was made through peritoneal covering, and reflected in the form of a cuff, the denuded portion of organ was then tied with silk ligature and cut away and the cuff of peritoneum stitched over stump with catgut. An examination was made then of the uterus and right ovary and tube. Two intramural fibroids were found situated in the anterior surface of body of uterus. As they were of a medium size, myomectomy was performed. Cervix was thoroughly dilated with Wylie dilator to insure drainage, uterine cavity curetted and an iodoform gauze drain carried well up to fundus and left in situ. The uterus was lifted to abdominal opening, an incision made in uterine substance directly over tumors large enough to allow of their enucleation. The tumor cavities were then closed with deep continuous sutures of catgut and the peritoneal covering was brought together at margin of wounds with a continuous

Lember suture of catgut. The ovary and tube was examined, a few adhesions broken up, as there was no evidence of disease it was left unmolested. Abdominal cavity was irrigated again, sponged out and wound closed by continuous suture of catgut, bringing together the peritoneum, muscular layers brought together by continuous catgut suture, avoiding subperitoneal fat, and a third layer of interrupted silk sutures approximating skin and cellular tissue. Patient suffered some shock after operation, was given a high enemata of normal salt solution, strychnine and whisky hypodermatically, and heat applied to extremities. She suffered some from nausea, pain was allayed by morphine hypodermically the first day and then discontinued.

Second day she was given calomel, one half grain was given every hour until five grains was given. This was followed by saline cathartic and high enemata; bowels moved on second day, in the evening; temperature dropped from 103 degrees to 101 degrees. (I will state that temperature was 102 degrees on morning before operation). Bowels were kept open by saline cathartic and enematas after the initial movement, whenever it was deemed necessary to make them move. Food was withheld for two days. Packing was removed from uterus on third day. A sanguinous discharge continued for ten days with no odor. Patient was given a vaginal douche each day of a lysol solution. Abdominal sutures were removed on twelfth day, wound had united primarily. Temperature fell to normal after the fourth day. There was no tympanities in fact nothing indicative of sepsis during her convalescence. She was given solid food at the end of the fifth week, she was fitted with an abdominal supporter, and allowed to get up at the end of sixth week. It has been three months since operation; patient seems perfectly well, has gained in flesh, menstruated in August and September, the discharge was normal and she suffered no pain. She has been engaged in farm work since September 1st.

A CASE OF CHOREA.*

By F. B. SLOAN, M. D.,

COWAN, TENN.

L. S., a girl nine years old; saw her Sept. 21, 1899. Found her with no appetite at all. Listless. Did not want to move about or take any part in play. She would go to school, but only to please her parents. She complained of her stomach and bowels being sore. Was inclined to constipation and was very nervous. She was a very bright child

*Read before the Tri-State Medical Society of Alabama, Georgia, and Tennessee.

and had been closely confined at school, not even allowed to rest during vacation, but had a private teacher to come and attend to her music, in which she was quite proficient. I learned that in June previous she had had an attack of fever which the doctor pronounced malarial and that her only complaint was of her stomach and bowels, being sore, and that from that time she had not felt well. I could see nothing in the case but nervous prostration and ordered her stopped from school and all mental work, and put her on an active tonic treatment. There being no improvement, I saw her again Oct. 1st and found all her symptoms worse. By Oct. 8th she had developed a very active chorea. When I saw her in consultation with Dr. H. Berlin, who then had charge of the case. On Oct. 25th Drs. J. B. Cowan, Duncan, Holtzclaw and H. Berlin saw her together and a majority of them gave a most unfavorable prognosis. I saw her the night of Oct. 26th with Dr. Berlin, a poor little emaciated, suffering child. Never still a moment in limb or body except while asleep, and then lying on her belly with her hands and arms under a pillow to hold them quiet. Feeling that there was some underlying cause that we had not discovered, I proposed to her father to take her home with me, where I could watch her more closely. On Nov. 1st he brought her to me and I watched her almost day and night for more than a week before I discovered the seat of the trouble, for the usual symptoms of such lesions were absent. I decided that the trouble was in the lower bowel. In attempting to examine the rectum the pain was so intense that I had to desist, but distinctly felt a small tumor the size of the end of my thumb. I sent for Drs. Eve and Cowan to assist me again. We put her under chloroform, Nov. 12th, but could find no tumor at all but instead we found three large ulcers; two just inside of the anus, before and behind, and one up the bowel about four inches. The tumor that I so distinctly felt was evidently the contraction of the muscular fibers of the bowel when I touched them exposed as they were. The ulcers were treated with nitric acid, the sphincter divided, the bowel lightly packed with gauze and the patient put to bed. In an hour the dressings were all passed away and there was no change in her condition except she now began to refer her severest pain to the rectum. On the 14th I again divulsed almost to the tearing point and dressed the ulcers. In 24 hours the muscle had regained its contractile power and was grinding down on those ulcers giving the most excruciating pain. I then divided a part of the fibers of the muscle through the posterior ulcer with no benefit whatever.

As all the symptoms were rapidly growing worse, the chorectic movements having extended to the face and eyes, the pain, the emaciation

and the rapid failing of all the vital powers, and as I could see nothing ahead but a horrible, lingering death, I decided to divide the muscles.

So on Nov. 18th under chloroform I divided the muscles posteriorly both external and internal. Unfortunately a capillary hemorrhage gave me much trouble and anxiety as she had no blood to spare. She at once began to improve, the ulcers began to improve and could be easily treated, the choretic twitchings not so severe, and on Nov. 27th she returned home. The improvement continued and by Jan. 1st, 1900, the chorea was all gone and her condition fairly good. In June following I examined her and found the anus and rectum perfectly normal, not even a notch to indicate where the muscle had been severed. Three months since I again examined her and found the parts normal.

Since that she has continued in good health and is noted as being able to outrun any of her playmates.

HYDROCEPHALUS IN INFANTS, CHRONIC.

Treatment.—In regard to tapping in cases of hydrocephalus and introducing aseptic air, the provisional conclusions warranted by personal limited experience are few:

1. With due precautions the fluid of chronic hydrocephalus may be completely evacuated from the yet unclosed skull of infants, and aseptic air may be allowed to take its place. This operation may be repeated without detriment and with scarcely more risk than belongs to the usual method of paracentesis.

2. In favorable cases of moderate effusion a single operation may suffice. Continued oozing from the puncture for a few days after the removal of the tubes is not unfavorable.

3. In cases of considerable effusion an obvious indication is to relieve the brain from the weight and from the pressure of the fluid. The evacuation is facilitated by the introduction of aseptic air. In one case this treatment has proved to be of decided advantage. By a timely repetition of the operation a hydrocephalic infant might be enabled to carry the weight of the head, and, if the treatment were begun sufficiently early, permanent damage to the brain-tissue might be averted and a normal development might perhaps ensue.

4. In large heads, while hydrocephalus persists, a considerable splashing sound is readily obtained. There is obvious risk in eliciting this sound by forcible succussion, and for the same reason any abrupt movement of the head should be avoided. William Ewart and W. Lee Dickinson (*Pediatrics*, Oct. 15, 1901).

Selected Articles.

A CLINICAL REPORT ON GUDE'S PEPTO-MANGAN.

By SAMUEL WOLFE, A. M., M. D.,

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There may still be some doubt whether manganese is a normal constant constituent of the human blood or of any of the tissues of the body. It may not have been positively determined whether iron, when given in an inorganic compound or in pure metallic form, is absorbed by the mucous membrane of the stomach or intestinal canal, or whether it accomplishes its curative work by some occult process of stimulation of that membrane, by virtue of which it takes up with greater readiness the nutritive portions of food substances which are presented to it at the same time; or whether it plays a chemical role in changing the contents of the alimentary canal, so that what eventually passes into the circulation is more fitted to maintain high standards of nutrition or will prove less deleterious to the processes of life.

Even when we have combinations which, whether obtained synthetically or analytically, resemble the forms in which this metal is found in the blood, our assurance is by no means perfect that they can pass the portals of the circulation, the absorbent organs of the alimentary tract, without great risk of change from their original forms, in their contact with the substances and tissues to which they are exposed.

All these are still questions, on some of which the evidence is sufficiently positive to leave but little doubt, while on others there are so many theories that we are left to choose what may best suit the results of our own observations, if not, indeed, our caprice or fancy.

To the chemist and therapist these are certainly interesting and practical questions. Before the physiologist and pathologist still others of equal importance loom up. What are the different steps in the process by which an atom of iron, in either a food or drug, becomes ultimately an ingredient of the haemoglobin of a corpuscle, and what have been the dynamic processes with which it has associated itself up to this point? Again, what is its final destination and disposal? With what materials has it been combined, and what forces has it generated and modified by the time it has finished its course? What accounts for its disappearance under certain abnormal conditions, and why does

the train of symptoms which we witness arise under these circumstances?

Again, these are facts, theories, hypotheses and speculations which we are bound to consider, and, in the light of our own reason and judgment, to determine.

But while we are thankful for all the light that can be shed on these problems, and, as members of a cultured profession, are impelled to continue their investigation, yet to the clinician their solution is not essential. Whether his path be flooded with the brightness of midday or shrouded in Egyptian darkness, he must still walk on in it. When, in the records of professional literature or in the acquirements of his own personal experience, certain means have associated themselves with consequent legitimate ends, it is his plain duty to adapt the one to the other. And, again, where the means have been to a great degree inadequate, on the introduction of what appeals to his reason as of a higher probable power, he must determine the claim. The clinician must not allow himself to be diverted too far into the by-paths of knowledge, lest he become timorous and undecided. The locomotive engineer, who knows the management of his engine in such a way as to start it, regulate its speed and stop it, so that he will constantly carry his train to its destination on time and without accident, and with the accomplishment of all that is expected of him at the termini and at the way-stations, is but little the better for a complete knowledge of the country through which he travels; of the industries of the towns at which he stops; of the mechanical and physical forces which rule the movements of his engine; or of the mathematical rules which govern the construction of the road.

My observations with Pepto-Mangan, introduced to the profession by Dr. Gude, chemist, of Leipzig, are such as can be easily confirmed by any physician, since they were all made in private practice, and rest on bedside and office notes. I have used the preparation to a considerable extent ever since it was first brought to my notice, which I think was about two years ago. Owing to some specially good results obtained, I was led to the series of recorded observations on which this paper is based. They extend over four months of time, and embrace about fifty cases.

As a rule I followed the directions issued by the manufacturers in its administration, giving to an adult a tablespoonful dose and to younger subjects a proportionate amount. Milk seemed to be the best vehicle, and immediately before or after meals a convenient time. In its relation to food, however, I do not think we need exercise any special care as to its administration. There were but few cases in

which I found any disturbance of the digestive functions by these doses, but in several there was considerable constipation induced, and in one or two some diarrhoea, as the apparent result of the drug. While my experiments in this direction have not gone far enough to beget firm convictions, I am of the opinion that in the main equally good results could be achieved by a smaller average dose, and in this way the small number of untoward results might probably be still further diminished.

In one series of twenty-three cases the patients were all married women, ranging from the ages of twenty-two to seventy, who were more or less anaemic from various causes. In all but five the results were decidedly satisfactory, and of these one failed to report the second time, so that the result is not known. The other four were cases of advanced organic disease, in which no therapeutic procedure could have given decided results. In nine of the twenty-three cases the results might be classed as brilliant. In all of the others I am convinced that no other preparation of iron could have done more. The condensed details of a few illustrative cases from this series follow.

A woman of 65, during several years, had occasionally applied for relief from vertigo, frequent attacks of palpitation and general weakness and nervousness. She also had frequent long-continued attacks of diarrhoea and some gouty manifestations in the joints. In November I found her very decidedly prostrated and anaemic. She took the Pepto-Mangan in connection with a carefully regulated diet (chiefly albuminous) for six weeks, and gained steadily in strength and weight. At the end of that time her symptoms had disappeared, and she claimed to be in better condition than at any time during the previous two years.

A woman of 25, of highly nervous temperment, cultured and refined, had passed through her first confinement in May, the labor being a very difficult one, and resulting in a still-birth. She grieved very much, and, though fighting bravely against her depression of spirits, by autumn she became very neurasthenic and anaemic. She had morbid fears, frequent flushes, and some menorrhagia. She was put to bed and given Pepto-Mangan and strychnia sulphat in gr. 1-30 doses b. i. d., and recovered rapidly. She again became pregnant, and is perfectly well.

A mother of three children, aged 32, the youngest ten years of age, who had during the last year had some three or four attacks of menorrhagia, had gradually reached a quite profound state of anaemia in spite of plentiful administration of other forms of iron in the intervals of the menses. She is obstinately persistent in refusing a uterine examination, and was therefore treated symptomatically only. My

recent prescription of Pepto-Mangan has rapidly dissipated her pallor and improved her general health.

A primipara, aged 22, was pale during pregnancy, and at the end of her lying-in, though she had not lost blood at all profusely, and claimed to feel well, was very pallid. After using the Pepto-Mangan for two weeks her color had been fully restored.

Two young married women, both of whom had passed through a confinement within a year, were anaemic, and frequent sufferers from headaches, and considerably debilitated. They both recovered promptly on the Pepto-Mangan.

Another series of nine cases consists of children from infancy to the age of 12. In all marked results were obtained.

A little girl of 4, for two successive summers had frequent malarial attacks of an irregular character and resulting in anaemia and debility. She had been treated with arsenic, quinine, various preparations of iron, and, though responding to the drugs, was still inclined to fall always a ready victim to fresh onsets of the disease. On Pepto-Mangan she made steady and rapid progress toward robust health, and now is a perfect specimen of a vigorous child.

An infant of seven months passed through a siege of infantile remittent with a great deal of bowel disturbance, which yielded to quinine in the course of two weeks. Within a month the same train of symptoms developed, and quinine was again given, and followed by Pepto-Mangan, and since then the child's health has remained good, although several months have elapsed.

A girl of 7, who had for a long time been pale, took diphtheria. After recovery from the disease, the anaemia, as might be expected, was still more grave. She was put on Pepto-Mangan and soon became rosy and strong.

Another girl of the same age, also habitually pallid, had wryneck for two weeks, which disappeared under iodide of potassium, but the anaemia had increased. Her restoration in color and to robust health was secured by the use of Pepto-Mangan for a month.

A little boy of four had measles, from which he made a good recovery. Two months later he was very anaemic and listless, with poor appetite and slight feverishness. He at once improved on the Pepto-Mangan, and continued until fully restored.

A baby, six months old, one of a pair of twins, had developed a quite marked degree of hydrocephalus. Large thin blue veins stood in relief all over the scalp. The anaemia was very pronounced. She was put on Pepto-Mangan, and her appearance now is much better, with strong indications of the arrest of progress in the disease.

Another series of five cases includes girls approaching, or slightly beyond, puberty, all anaemic, and all responding to the use of Pepto-Mangan.

Of this class, a girl of 17, who has always been pale, thin and puny, has only come under treatment within a month. She has never menstruated, and shows but little tendency to don the usual physical habiliments of the maiden. She is under size, but has since her early girlhood always had an aged look. Her appetite is very meagre and somewhat capricious. She suffers from pains in the legs, more especially the joints, and has a distinct systolic murmur. Under the Pepto-Mangan she seems disposed to gain in color and appetite, and the pains in the legs have somewhat diminished. I shall watch the outcome of this case with great interest.

In submitting this report, I wish to summarize these conclusions:

That Pepto-Mangan is a highly available preparation of iron, on account of its liquid form, pleasant taste, non-corrosive action on the teeth and unirritating effect on the digestive organs, admitting thus of easy gradation of dose, easy administration to children and avoidance of unpleasant effects in all classes of patients.

That it is an efficient and rapid restorer of the normal quality and quantity of the blood, in all conditions where the state of the organism admits of this result by the administration of a chalybeate.

THE TREATMENT OF SYPHILIS WITH SPECIAL REFERENCE TO THE BEST METHODS OF ADMINISTERING MERCURY.*

By WINFIELD AYRES, M. D.,

Genito-Urinary Surgeon, Bellevue Hospital, O. D. P., New York; Instructor in Genito-Urinary Diseases in New York University and Bellevue Hospital Medical College; Instructor in Genito-Urinary Diseases in the New York Post-Graduate Hospital, etc.

The author calls to mind the facts that mercury has been used in the treatment of syphilis for over 400 years, and there are few physicians, today, who do not use it in some form. Although the method of treatment with mercury is still discussed, he is firmly of the opinion that there is no hope of eradicating the disease unless the full dose is given constantly for something like three years. The treatment should begin just as soon as the diagnosis can be made. There is no ground for supposing that enucleation of the chancere has the effect of aborting the disease. If a positive diagnosis cannot be made from the ap-

*Abstract of an original paper by the author in *The Lancet* (London, Eng.), October 19, 1901.

pearance of the initial lesion, general tonic treatment should be instituted.

In some cases the protiodide controls the symptoms, but in the majority it is of very little use. Experiments with Mercurol were conducted at Bellevue Hospital, for eight and a half months, with 180 cases; the histories of 95 of these are recorded. The remainder could not be kept under observation and are therefore passed over. The dosage of the Mercurol, regulated either by reaching the point of tolerance or control of the disease, varied from one-half to six grains. In 64 of the 95 cases the disease was controlled as follows: in two weeks, 8; three weeks, 12; four weeks, 14; five weeks, 6; six weeks, 5; seven weeks, 2; two months, 8; ten weeks, 2; three months, 5; and four months, 1. The remainder are marked thus: decidedly improved, 17; improved, 8; no improvement in two weeks, 3; no improvement in four weeks, 1; and no improvement in three months, 2. The latter were all dispensary patients and it is uncertain whether they took their medicine regularly.

The writer states that his plan was to increase the dose steadily from one grain until the symptoms were controlled, or until there was a slight tendency on the part of the teeth and gums to become tender. If the symptoms were not controlled before the physiological effect of the mercurol made itself felt, small doses of potassium iodide were added, and in every case where the Mercurol was taken according to directions, with the exceptions noted above, the symptoms were controlled.

In 67 out of the 95 cases tabulated, no other medicine than Mercurol was given. In 15 out of the remaining 28, the addition of iodide of potassium was found to be sufficient to control the disease, while in 6 others the addition of an iron tonic sufficed for this purpose.

The cases are not reported at length, but a few of the more remarkable results and some cases in which other medicines failed to control the disease are briefly mentioned.

Case one had been taking bichloride for one month with very little improvement. Under Mercurol, three grains maximum dosage, the symptoms were under control in five weeks.

Case 2 had been under biniodide of mercury (one-sixteenth of a grain) and potassium iodide (five grains), which caused iodism. His symptoms were controlled in one month under half a grain of Mercurol.

In case 3 unguentum hydrargyri had failed to control the disease. The patient was put on Mercurol and the dosage pushed up to six

grains three times a day. The disease was thoroughly under control in seven weeks.

Case 4 had been on three-eighths of a grain of biniodide of mercury and twenty grains of potassium iodide for two months. The medicine caused nausea and vomiting. Having been put on Mercurol and the dosage gradually increased to five grains three times a day, the symptoms were controlled in three weeks.

Case 5 had been taking hydrargyrum bichloride (one-twelfth of a grain) three times a day, under which an eruption on his face had faded, but the eruption on his body still persisted. His symptoms disappeared in two weeks under a maximum dose of three grains of Mercurol three times a day.

Case 6 had been on bichloride of mercury (three-sixteenths of a grain) for three months, in spite of which he had palmar syphilide of an eczematous variety. All appearances of the disease disappeared after he had been one month on Mercurol, his maximum dose being three grains three times a day.

Case 7 had been taking one-quarter of a grain of Mercurol and fifteen grains of potassium iodide, with the result that the eruption had decidedly improved, though not to the extent that it should have done. There were thickened red patches on the face, covered with scaly eruptions. The symptoms almost entirely disappeared within three weeks under a maximum dosage of five grains of Mercurol three times a day and fifteen grains of potassium iodide.

Case 8 had been treated with inunctions of mercury, under which the eruptions disappeared, but the pains in the bones still persisted. He was relieved in three weeks under a maximum dosage of four grains of Mercurol three times a day.

Case 9 had been taking other forms of mercury for six months. The form which had done him most good was bichloride. Yet one-fifth of a grain did not entirely control the disease. He had been taking that for two months when he was placed on Mercurol. The dosage in his case was pushed up to six grains three times a day, and at the end of seven weeks all his symptoms had disappeared.

Case 10 had been taking medicine off and on for two years, but his symptoms never disappeared entirely. After being two weeks on Mercurol (two grains three times a day) with the addition of potassium iodide, all symptoms had disappeared.

Ayres, in conclusion, states that he uses Mercurol in his private practice to the exclusion of all other drugs. His experience is that he gets better results. He has found no form in which mercury can be given with such good results as in that of Mercurol.

THE BEST ALKALINE WASH.

By W. HARPUR SLOAN, M. D.,

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There are many alkaline preparations on the market that are used daily with varied results in conditions where such a preparation is indicated. I have tried most of them in all conditions and after an impartial trial I am compelled to say that the preparation known as "Glyco Thymoline," made by Kress & Owen Co., stands at the head of the list; its formula is one that would commend its use, the ingredients being of an antiseptic nature.

Having formed this opinion of "Glyco Thymoline," I have concluded to report a few clinical cases where it has given me good results.

Case No. 1.—M. L., age 23 years, came under my care suffering with a distressing case of ozema. The turbinated bone on both sides of her nose presented a condition of marked atrophy; there was a complete loss of smell and taste; and a formation of crusts in the nasal chamber; the stench of same was foul. She complained of continual headache, and other symptoms of a depleted and run down system. I placed her on a tonic of iron, Arsenic and Strychnia, internally; locally I ordered the use of "Glyco Thymoline" in a Birmingham Douche three times a day, diluted. After a month's treatment the crusts had ceased to form; there was a complete restoration of taste and a slight return of smell; the general health was improved, and the patient herself well satisfied with results.

Case No. 2.—C. A., age 8 years, came to me suffering with a severe Otorrhoea following scarlet fever. There was a muco-purulent discharge from both ears that rendered the child completely deaf; the auditory canal was excoriated and sore, and the general health below par. I used Cod Liver Oil internally, and syringed the ears three times a day with "Glyco Thymoline." At the end of one month the discharge of pus had stopped; the hearing much improved, and the child's general health very much improved.

Case No. 3. J. W., age twenty-five years; came under my care suffering with an aggravated case of Cystitis, which had been treated by several of our best physicians without much improvement. He had great pain in the region of the bladder and loins, which became worse on urination; a heavy deposit of mucus and some blood in the urine made his condition more distressing; his temperature was 100, which would rise a degree during the periods of pain. I used the usual treatment for such cases without positive results, when I thought of irrigating the bladder with "Glyco Thymoline" (dilute). This I did

once in twenty-four hours, at the same time giving him "Glyco Thymoline" internally in teaspoonful doses every three hours. For the first two days I did not see much improvement, on the third day there was no blood in the urine and less mucus. I continued this treatment for two weeks, when I discharged him cured.

Case No. 4—J. H., aged thirty-five years; consulted me for Pruritus Ani which had troubled him for several years; his business compelled him to sit the best part of the day. He had used various ointments, prescriptions, etc., for this troublesome affection, with only temporary relief. At his first visit I ordered him to bathe the rectum twice daily with castile soap and warm water, then to apply "Glyco Thymoline" half strength to the parts. After persisting for a time, the swelling and severe itching was lessened, and then left him altogether.

A CASE OF SO-CALLED VON JAKSCH'S ANEMIA.

Dr. C. Herrman presented this report. The subject of it was a female a year and a half old, born of healthy parents. She had been first seen on May 10th, when 17 months old. For the last few weeks the child had been noticed to be growing paler and thinner. Examination showed a large splenic tumor extending from the eighth intercostal space above the crest of the ileum below. The liver extended distinctly below the free border of the ribs. There were epiphyseal enlargements in the ends of the radius and tibia. Examination of the blood on May 14th showed red blood cells, 2,800,000, and the hemoglobin 35 per cent. On June 1st a petechial eruption had appeared on the face, arms and legs. On June 27th the case had been admitted to the Mount Sinai Hospital. A differential blood count showed 30.3 per cent. polynuclear cells, large 29 and small leucocytes 31; eosinophiles 2.1. On July 3d the child had developed pneumonia. On Aug. 6th there had appeared a purpuric eruption on the arms and legs and fresh areas of consolidation in the lungs. A differential count showed polynuclear cells, 34 per cent.; large lymphocytes, 40; and small, 24; eosinophiles, 2. On Aug. 15th a vesicular eruption had appeared and the child died of exhaustion on Sept. 1st. The speaker said that in 1889 von Jaksch had described a form of anemia that goes by his name, but at the present time clinicians are inclined to look upon this as one of the forms of secondary anemia. However, if these cases of anemia were secondary it was often difficult to discover to what they are secondary. In the case just reported there was no syphilis, tuberculosis, malaria, intestinal catarrh or intestinal parasites. These cases do not respond so well to antirachitic treatment as cases of rachitis pure and simple. In the few autopsies recorded the changes characteristic of pernicious anemia had been absent.

DOCTORS' OFFICE DANGERS.

"If I were ten years younger," said a physician who has a good general and office practice, "and could stand the opprobrious name of crank, I would begin a reform here in my office surroundings. Physicians talk a deal about germs and the diseases that are spread about. A few physicians admit their own carelessness as germ distributors, but most of us say very glibly that we are very careful persons. Take a look at my office here, into which sick persons of all kinds come. Here is a lot of old upholstered furniture, a lot of books in wobbly cases, draperies about the window, pictures on the walls, and, worst of all, carpets on the floor.

"A doctor's office should have plain painted walls, no pictures. There should not be any cases of books either in the reception room or in the consultation room. Keep them some place else than where patients are received. Up with the carpets and keep the floors clean and sweet. Away with the draperies and the stuffed furniture. Keep the walls clean. Anybody with half a nose that goes into a doctor's office now will find all sorts of strange smells in it. Many of these offices are merely clearing houses for all sorts of bacilli. We never take the trouble to fumigate or purify our own premises. We don't waste any formaldehyde in cleaning up our offices and the little back rooms into which we take our patients. It is our business to recommend precautions to other people, not to take them ourselves."—Lay Press.

THE ANTIKAMNIA CHEMICAL COMPANY'S NEW LABORATORY.

Frank A. Ruf, President and Treasurer of the Antikamnia Chemical Company, has just purchased a lot 80x109 feet, on the northwest corner of 22d and Pine streets, for \$20,000 cash, on which his company will begin the erection, early in spring, of a new "Antikamnia Laboratory," five stories high, covering the entire lot. The improvements will cost about \$45,000 irrespective of the laboratory apparatus and appliances which will be of most approved pattern, from Darmstadt, Germany. The offices and various departments will be fitted with all modern conveniences, making the whole plant one of the most complete Specialty Laboratories in the United States.

The Antikamnia Chemical Company is one of America's, if not of the world's best known Pharmaceutical concerns and justly so. Energy, enterprise and push, backed up by the judicious and liberal use of printers' ink, in keeping their line of preparations in touch with the medical profession, from one end of the universe to the other, have made it so.

Editorial.

JNO. C. LeGRANDE, M. D.,..... *Editor and Prop.*

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The Alabama Medical Journal.

With this issue we begin the XIV volume of the Journal. A notice of this fact is not for the purpose to trumpet any wonderful achievements, but is just and fair to those who have aided us in the work and those who feel an interest in the progress and success of the Journal to say that it has been a success in more respects than one, and we enter upon the fourteenth volume with brighter prospects than ever before—and we acknowledge our grateful appreciation to all the friends and patrons of the Journal who have stood by it during the years gone by. The editor has in all these years had a fixed purpose in his journalistic work, to give a medium in which the medical profession of Alabama especially might give expression of any views which might be helpful to the profession and for the discussion of medical subjects, etc.

It has been the pleasure of the management of the Journal to advocate everything which was thought to be to the upbuilding and best interest of the Medical Association of the State and the endorsement which the Journal received by a unanimous vote three years ago attest the appreciation of the association for the efforts which we have made.

We take this opportunity to thank our friends—those who have subscribed, and paid their subscription and the long list of advertisers who have shown their appreciation of the Journal and we promise to continue to give our best efforts during the coming year to make the Journal better than ever before.

A Review of the Surgical Aspects of the Case of President McKinley.

The Brooklyn Medical Journal, by George Ryerson Fowler, says:

The report of the Medical Staff in attendance upon the late President McKinley has been given out and, in its scientific aspects at least, is before the profession for discussion. The latter, true to its instincts of justice, has refrained, with a few exceptions, from commenting upon the case until all the facts were placed before it. Where adverse criticisms have been made prior to the issuing of the report, these have not been favorably received by the profession at large, and, it is fair to say, have brought the reverse of credit to those who have uttered them.

Briefly stated, the case is about as follows: The illustrious patient was the subject of a perforating gunshot wound of the stomach, the missile entering the latter near the greater curvature, and emerging, as nearly as could be made out, at a point about opposite the wound of entrance. Its further course was not determined either at the operation or autopsy.

The wounding took place within the grounds of the Pan-American Exposition at Buffalo, and the emergency hospital set up within the grounds was available for the immediate care of the case. Unfortunately the arrangement and equipment of this hospital was such as to adapt it to minor surgical emergencies only. The operating room was located upon the ground floor, with no overhead light, and the only available source of natural light was from windows upon one side, and that the west side of the building. The difficulties arising from insufficient light were further enhanced by the time of day at which the shooting took place, as the sun was low in the horizon, and the light failed almost completely before the operation was completed. The absence of a reception ward evidently necessitated placing the patient

at once upon the operating table in the operating room, and there undressing him; else it is difficult to understand this somewhat unusual course of procedure. The difficulties of the operation were still further increased by the want of such important instruments as retractors. Even the small curved needle which was employed for suturing the opening in the posterior wall of the stomach was supplied from the pocket case of one of the surgeons present at the operation. Nor could the operator in the case be held responsible for the lack of suitable instruments, inasmuch as he was summoned to the exposition grounds without the slightest hint as to the reason for the call, the first intimation of which was given him as he entered the hospital, by another surgeon, who said to him, "The President has been shot and we are waiting for you."

The subsequent steps in the case are all set forth in the detailed report. In the light of the surgery of today it is difficult to conceive how any other course could have been pursued than that of immediate operation, particularly in view of the location of the wound, the probability that the stomach was involved, the fact that in all probability the latter contained food, and finally the fact that the patient did not fall, but remained standing or sitting for a sufficient time to favor leakage of the stomach contents; all of which considerations presented the positive indications for opening the abdomen at the earliest possible moment and repairing the damage done to the contained viscera.

The preliminary injection of morphine and strychnine had much to do with the promptness with which the patient passed under the influence of the anesthetic, as well as the fact that the operation was well borne. This, as well as other important preliminaries to the contemplated operation, was attended to pending the arrival of the surgeon, who, in the absence from the city of the Surgeon-in-Chief of the Exposition, had been selected as the operator in the case. All of which goes to show that the necessity for prompt operative interference was not lost sight of for a single moment, and that even the short consultation spoken of in the report was more a matter of form and courtesy than of actual need, since there could scarcely be two opinions on this point. Indeed, one has yet to hear, from the medical profession the world over, a single word of adverse criticism upon this point from any whose opinion is entitled to respect.

The choice of an anesthetic was a consideration that required some thought, since in operations of this character many surgeons would have chosen chloroform rather than ether as being the most convenient and less likely to be followed by vomiting. The element of safety

was certainly on the side of the latter, and the event proved that the choice was a wise one. The ether was well borne, and anesthetization was complete in nine minutes, facts which speak for a skilful anesthetist.

The usual rule of including the bullet wound in the incision was followed and with the result of finding a piece of cloth along the track of the bullet, and of coming at once upon the opening in the anterior stomach wall. Equally good judgment was displayed in enlarging the opening sufficiently to permit of digital exploration of the interior of the stomach, since only through this maneuver could the presence or absence of the missile in the stomach itself, or of food, be determined.

The choice of silk as suture material is mentioned only to be commended, and the usual method of a double row of practically continued sutures is looked upon by surgeons of today as ensuring a watertight jointure of the serous surfaces with far greater certainty than the interrupted sutures of a decade ago, and still employed by many surgeons.

The absence of the missile in the stomach made it absolutely necessary to reach its posterior wall. In order to accomplish this in the most expeditious manner possible the omentum and transverse colon were drawn out of the abdominal wound and the gastro-colic omentum divided between two ligatures to the extent of about four inches. This very practical and rapidly executed expedient enabled the operator to bring the stomach into the operation wound, and gave ready access to the bullet wound in its posterior wall, which was closed in the same manner as the anterior wound.

The use of a simple saline solution to flush the parts as they appeared in the field of operation was a precautionary measure, since the examination of the interior of the stomach disclosed the presence of considerable liquid, more or less of which must have escaped during the manipulation.

Taking all things into consideration the decision arrived at by the surgeons present, after satisfying themselves that the transverse colon had not been wounded, not to attempt to follow the bullet into the tissues behind the stomach, was a wise one. Most especially is the course followed to be commended when the age of the patient, and the fact that he was already suffering considerably from shock, are taken into account. Further, the evisceration essential to such a procedure must of necessity not only have increased the already existing shock, but have heightened the probability of infection.

There seems to have been some difference of opinion as to the neces-

sity for drainage. One of the surgeons present was in favor of a gauze or wicking drain leading from the site of the wound in the posterior wall of the stomach. The operator, however, with the concurrence of the other surgeons, "decided against this, as being unnecessary."

Without question the decision arrived at was warranted by the intra-abdominal conditions as they existed at the close of the operation. So far as could be ascertained there had been no escape of stomach contents prior to opening the abdomen, and what little soiling had occurred during the manipulation had been promptly corrected by hot saline solution. The openings in the stomach had been closed in the most approved manner, there was no probability of the occurrence of hemorrhage requiring the presence of a tell-tale drain, the location of the wound of the stomach almost precluded injury to any other portion of the alimentary canal, and the utmost aseptic care had been exercised throughout. So far as the injury to the viscera was concerned, therefore, there could be no question as to the wisdom of omitting that which was unnecessary, and which might possibly prove harmful.

The only point which can possibly arise in connection with the question of drainage will turn upon its probable influence, had it been employed, upon the changes which took place in the tissues along the course of the bullet subsequent to its escape from the stomach. In the light of the autopsical findings the suggestion forces itself upon one that the evil effects of the necrosis which occurred in the bullet track might have possibly been lessened by drainage, but whether drainage in an anterior direction would have served any good purpose is far from certain. He would be a bold critic who, in view of the favorable course pursued, would have made the assertion during the first week of the case that drainage should have been instituted, and even at the present time the inquiry as to where the drainage should have been made would be pertinent to such criticism.

The further steps of the operation call for but very little comment. The removal of tissue likely to become necrotic in the track of the bullet was followed by closure of the operation wound by silkwormgut sutures.

As to the cause or causes of death, there must necessarily be differences of opinion. In summing up the pathological findings upon autopsy it is stated, in addition to the gunshot wound of both walls of the stomach disclosed by the operation, that the superior aspect of the left kidney had been injured by the bullet. The other changes found consisted in "extensive necrosis of the pancreas; necrosis of the gastric wall in the neighborhood of both wounds; fatty degeneration,

infiltration and brown atrophy of the heart muscle; slight cloudy swelling of the epithelium of the kidneys."

The extensive necrosis of the pancreas which, in all probability was an important factor in the cause of death, must have been due either to direct injury or occurred as an after-effect from infection. The necrosis of the gastric wall at the site of the bullet wounds is not so easily explained from the surgical standpoint. One thing at least seems certain: it was not due to any error of operative technique. Even the ligature and division of the gastro-colic omentum, which was made in order to gain access to the posterior wall of the stomach, cannot be held responsible for this complication, as has been suggested, for the reason that the blood supply to the stomach itself is complete and perfect without reference to the vessels of the gastro-colic part of the great omentum, the blood supply of which, the vasa epiploica, is derived chiefly from the arteria gastro-epiploica sinistra. In other words, the stomach does not depend to the slightest extent upon the vessels of the gastro-colic omentum for its blood supply, but rather the reverse, the blood of the omentum being derived from the vessels which supply the stomach. That there was an almost complete absence of repair at the site of the sutures was evident; that this was entirely independent of the technique employed was equally apparent.

Pending the completion of the report of the bacteriologist in the case it would be manifestly improper to state a definite opinion as to the causes of the necrosis of the retroperitoneal structures. That the normal structures in the neighborhood of a pancreas the seat of extensive necrosis present similar although less advanced conditions those who have had experience in such cases will not hesitate to aver. How much this may have been favored by the traumatism to which the tissues were subjected by the passage of the bullet, or to what extent infection carried to those tissues may have lent its aid in bringing about the final result are questions which, for the present, at least, must remain sub judice.

Diphtheria Antitoxin Harmless.

The recent unfortunate occurrence of fatal cases of lockjaw in St. Louis, in patients who had been injected with diphtheria antitoxin prepared by the St. Louis Board of Health, is particularly lamentable because of its possible effect in prejudicing the public mind against a most valuable remedy.

Investigation proves that the antitoxin employed, which was made by the St. Louis Board of Health, was contaminated with tetanus

germs. The presence of these germs was either due to the neglect of a very simple procedure, which should be invariably practiced in all properly conducted antitoxin laboratories—this procedure consists in the previous immunizing or protection of all the horses employed, by means of tetanus antitoxin—or the contamination of the serum after its preparation.

Tetanus and diphtheria are two separate and distinct diseases and have nothing in common. It has been unquestionably proven in scientific circles that tetanus is caused by one poison or toxin, and diphtheria by an entirely different toxin; it has been equally well established that tetanus antitoxin will always prevent the development of tetanus, and that diphtheria antitoxin is a likewise certain preventive and cure of diphtheria. One experience will serve to illustrate the preventive value of tetanus antitoxin, which experience was reported by Dr. Leonard Pearson, Pennsylvania State Veterinarian and one of the highest authorities in America. Dr. Pearson was consulted by the Lehigh Valley Coal Company, in whose mines large numbers of horses and mules are employed. This company experienced severe financial losses by the death from tetanus of many of these animals—loss from tetanus being as high as thirty animals a month. This company, on the advice of Dr. Pearson, adopted the routine practice of injecting each of their animals with tetanus antitoxin, since which time there have been no cases of tetanus among their animals.

This is the invariable experience the world over with the use of tetanus antitoxin to prevent tetanus. The manufacturers of antitoxin have availed themselves of this fact, so that all horses used for production of diphtheria antitoxin are constantly kept immunized against tetanus; consequently, properly prepared diphtheria antitoxin cannot cause tetanus in the human being. To prevent the possibility of infection of antitoxin after it is prepared, it is rendered antiseptic by the addition of a harmless germicide, so that even should the antitoxin be carelessly used, no germs could live in it, and its injection would prove absolutely harmless. It is because of the neglect of either of these precautions that tetanus has occurred.

One of the largest firms in this country, located in Philadelphia, were the first to produce antitoxin in America, as soon as the great life-saving value of the remedy had been established in the highest medical circles in Europe. Since 1894 this firm have sold many millions of bottles of diphtheria antitoxin, and not a single case of tetanus or untoward result has ever occurred from its use; this is due to the fact that all of the horses from which the diphtheria antitoxin is produced are kept constantly immunized or protected against tetanus, and every

step of its preparation is under the personal direction and supervision of capable and scientific men.

Diphtheria Antitoxin is as harmless to the human being as water, because, with our present advanced scientific knowledge, it is absolutely pure and free from contamination. The experience of physicians throughout the world is unanimous as to the harmlessness of diphtheria antitoxin, even when employed in many times the quantity necessary to cure diphtheria; in fact, there is no other remedy known which is as free from danger. This is due to the absolute mathematical precision with which the purity and strength of antitoxin are determined; in no other remedy, is purity and strength so accurately governed.

Concerning the life-saving value of antitoxin it is not necessary to speak. There is scarcely a family that has not witnessed one of their members snatched from the very jaws of death by the timely use of diphtheria antitoxin. Physicians are not so unanimous upon any subject as they are upon the value of antitoxin as a life saver and preventive of diphtheria. This phase of the subject has been officially investigated by every medical society in the world, with the result that statistics, amounting to millions of cases, have been collected, which show that the mortality rate from diphtheria, since the introduction of antitoxin, is less than one-third of what it was before antitoxin was discovered.

It would be most lamentable if the St. Louis experience would engender a sense of distrust, in the public mind, of antitoxin—particularly so because physicians know where they can obtain a product which cannot, under any circumstances, occasion the slightest bad effect in the patient. It would be more unwise to condemn antitoxin than it would be for the legislatures to prohibit the running of railroad trains because accidents and loss of life have occurred. Railroad accidents cannot be avoided, but bad effects from antitoxin can be, because this remedy is furnished in a state, the purity and harmlessness of which cannot be questioned.

The Doctor's Duty to Inform the People.

The Journal of the A. M. A. (June 15), after denouncing political coroners' verdicts, especially a ridiculous one of suicide in a case of decapitation, thus pertinently points out professional duty to the public: "When we begin, as a profession, to recognize and take up our public responsibilities, the removal of this important function from the hands of incompetent, and often worse than incompetent, politicians will not be one of the least important benefits that we can en-

deavor to confer upon our fellow-citizens." When men well qualified, medical men, not quacks, post the public through the public press and everywhere as they ought on matters medical, as the code enjoins, then will the profession secure and hold its proper place in public councils. It is through lack of light that superstitious darkness reigns and fads and fakirs flourish. It is through lack of light that an army and navy medical officer holds comparatively degraded rank in the United States service, when it should be equal to the highest. It is through lack of light that medical counsel is not lawfully provided for in the President's Cabinet, that the Marine Hospital Service is obliged to serve the nation inland where it does not belong. It is through lack of light that ministers preach poison from their pulpits and attest to the innocuousness of patented poisonous potions. It is through lack of light that the religious and secular press are innocent participators in these crimes against the public health. It is through lack of light that the profession should give, and through lack of influence it should wield, but does not, that the dark days of mysticism and superstition still linger with us in the twentieth century that boasts of its light, and has it, and gives it in other spheres of human influence.

THE DOCTOR'S HORSE.

Dear, faithful friend,
On whom we all depend,
When pain and fear the summons send.

His hoof-beats
In fevered dreams we hear,
And know that help is drawing near.

Early and late
He stands at door and gate,
In heat or cold content to wait.

No sudden fright,
No blast of winter night,
Can stir him from his master's sight.

He knows his place.
With meek and patient grace
To every stress he bows his face.

Let come what may,
No trust will he betray.
Bod bless his brave, dumb soul, I say.

—James Buckham.

HIS FIRST BABY.

Hey there! You little wrigglin' chap,
 Winkin' and blinkin' on grandma's lap,
 What do you think of all this biz?
 Cute little feller, ain't he Liz?

Say, Doc! how much d'ye s'pose he'll weigh?
 Ten? Beats Jones's anyway.
 Hully gee! What an arm that is!
 Reg'lar Jim Jeffries, ain't he, Liz?

Just watch him double up that fist!
 He's goin' to be a pugilist,
 Or else a preacher, or else—gee whiz!
 Whcop like an Indian, don't he, Liz?

Seems t' say as plain's can be,
 "I'm lonesome; that's what' troublin' me."
 Lonesome the poor little feller is!
 But we'll be good to 'im, won't we, Liz?

Say, Doc, you goin'? Well, good night;
 Here's twenty dollars—is that all right?
 I'm satisfied, an' I'll bet she is;
 Pretty good doctor, ain't he, Liz?

I'm satisfied but for jist one thing:
 I wanted a girl. I did, by jing!
 But I guess it's all right jest as 'tis.
 Better luck next time—won't we, Liz?

—Dr. Frank Rose, in Chicago Med. Journal.

BASHAM'S MIXTURE.

An old, time-tried tonic in urinary affections, particularly in degenerative conditions of the kidneys, is "Basham's mixture." The virtues of this preparation were extolled in lecture rooms quite half a century ago, and the same is said today. In its particular field of usefulness it has well stood the test of time; its composition is:

R Tr. ferri chlorf.℥iij
 Acid acet. dilf.℥iss
 Syr. simpf.℥ss
 Liq. ammon, acetat, q. s. ad.....f.℥iv

M. Sig.—One dessertspoonful every three or four hours.—Clinical Review.

Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information address Dr. Isadore Dye, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

A new surgical chair for sale—Apply at the office of the Journal.

The wise physician never gives an absolute prognosis of life or death; and, above all, never names the hour of probable dissolution.—Ex.

One of the best and most artistic exhibits at the Tri-State Medical Society of West Tennessee, Arkansas and Mississippi at its recent session in Memphis was that by Dr. J. C. Pernie, representing E. J. Hart & Co., of New Orleans, La.

Wm. Osler, M.D., in the Sun, of January 27, 1901, says: "A new school of practitioners has arisen which cares nothing for homeopathy and less for so-called allopathy. It seeks to study rationally and scientifically the action of drugs, old and new."—Ex.

A doctor may throw away his cigar or put his pipe in his pocket before entering the patient's room, but her ipecac headache is much aggravated by the smell of dead tobacco smoke, and she says to her aunt: "Don't let that man in here again when I have one of these headaches or I shall be sick all over the bed."—Ex.

The attention of our readers is called to the advertisement of Robinson-Pettet Company, which appears on page 12 of this issue.

This house is one of long standing, and enjoys a reputation of the highest character.

The preparations referred to, we commend specially to the notice of practitioners.

The following physicians were matriculated at the New Orleans Polyclinic the early part of November:

From Texas—Drs. D. D. Hamilton, G. M. Jones, J. F. Scruggs, J. W.

Vermillion, A. B. Kennedy, L. Smith, A. M. Horner. From Oklahoma Territory—Dr. R. D. Lowther. From Arkansas—Dr. J. E. Little. From Mississippi—Dr. C. E. Bernham. From Virginia—Dr. R. H. Davis. From Louisiana—Dr. Jas. P. Parker. From Indiana—Dr. Vesta M. Swarts.

Were the whole world well-fed and clothed and housed, disease would only result from carelessness or accident. Men and women would live out their days, and finally all parts of them vanish together, like the deacon's one horse shay. This is so obviously true that one may wonder why it is said. The struggle against dirt made by the house-keeper, and the struggle against poverty made by the world, are everlasting. But this line of thought is suggested to us by a very practical question, which the least observation finds to be very apparent in New York. The working people of the world of the better class—that is to say—the clerks, the cashiers and the stenographers, and, in some instances, we might say the teachers, are not adequately paid. In the case of boys entrusted with great responsibilities, this leads, tempted as they are by the daily sight of money which they can never own, to defalcation and other crimes.—Post Graduate of N. Y.

D. S. Maddox, M.D., United States Examining Surgeon, Coroner Marion Co., Ohio, says: (Med. Brief)***For the control of pain opium is and always has been the sheet anchor. But opium, pure and simple has many disadvantages which render its use in some cases positively harmful. Opium is one of the most complex substances in organic chemistry, containing, according to Brunton, eighteen alkaloids, and an organic acid. The ordinary alkaloids, of which morphia is the chief, have the same objections as the crude drug. They constipate the bowels, derange the stomach, and worst of all, induce a habit which utterly destroys the moral and physical nature of the individual. While looking about me for some agent which would produce satisfactory anodyne and hypnotic results without the deleterious and pernicious after-effects of opium and its ordinary derivatives, I came upon the preparation known as papine. After a somewhat extended trial of this remedy I am convinced that it is the ideal anodyne. Although derived from the *Papaver Somniferum* it is singularly free from the objections of the ordinary opiates. It does not constipate; it does not derange the stomach; it does not cause headache; it does not induce any drug habit; it is safe and may be given to children as well as adults.

Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION OF ORTHO-PÆDIC SURGERY.

Meeting of Oct. 18, 1901.

GEORGE R. ELLIOTT, M. D., Chairman.

INFANTILE PARALYSIS SIMULATING CONGENITAL TAL-IPES CALCANEUS.

Dr. A. B. Judson presented the case of a baby five months old with what at first view appeared to be left congenital talipes calcaneus. Passive motion was abnormally free, active motion was deficient. The position was that of talipes calcaneus. The history was given of a three days' sickness occurring when the child was two months old, in which there were fever, trembling and general cutaneous hyperaesthesia, but no vomiting, diarrhoea or convulsions. The diagnosis of infantile paralysis was made and will probably be confirmed by partial spontaneous recovery during the next year. The cutaneous circulation was apparently normal and the general health of the infant was excellent. The left thigh and leg were one-half less in circumference than the right. Thee arms were normal. Congenital calcaneus was rare. Such a case with the resistant tissues and lasting deformity of congenital varus would be well worth careful study and description.

Dr. W. R. Townsend agreed with the diagnosis of infantile paralysis. He believed well marked congenital talipes calcaneus to be very rare, although he had seen such cases.

Dr. George R. Elliott asked Dr. Townsend what muscles would be affected to cause such a deformity as that presented.

Dr. Townsend replied, Gastrocnemius soleus and plantaris.

Dr Elliott asked Dr. Judson if the poliomyelitis was limited to the posterior group of muscles.

Dr. Judson replied that a careful electrical examination had not been made.

Dr. Henry Ling Taylor said in reference to the statement about the rarity of congenital talipes calcaneus, that while he agreed that the

severe forms were rare, the milder varieties were fairly common; they, however, usually corrected themselves without special treatment.

CREPITUS IN CERVICAL POTT'S DISEASE.

Dr. Judson presented a case of crepitus heard in cervical Pott's disease in a woman 40 years old, accustomed to house work. Symptoms had been present about a year. Movements of the head had caused pain of the forehead and face called by the patient "neuralgia." She had often supported the head with her hands and at night had needed a number of pillows carefully arranged to hold the head in a comfortable position. When she stopped work for a time she felt better but on returning to work the trouble was increased. The deformity was marked, being partly due to a forward displacement of the axis of the head, a condition invariably present in cervical Pott's. The width of the neck posteriorly was increased. There was no abnormality of the trunk or any other part of the skeleton. She said that at one time the head was much flexed and inclined to the left. Six months ago she noticed that the motion of the head in rotation was accompanied by a cracking sound. On examination the crepitus was readily heard, simulating bony crepitus, but evidently due to tendinous or muscular slipping.

Dr. Townsend said that he could not agree with the diagnosis of cervical caries; he was inclined to consider the case one of osteo-arthritis which deformed condition had been well described by Goldthwait in the Transactions of the American Orthopedic Association, Vol. XII.

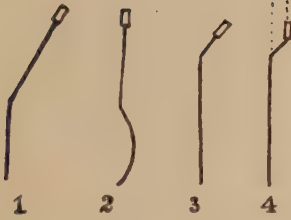
Dr. Elliott agreed with Dr. Townsend that the symptoms and objective signs were not typical of cervical caries. He would expect to find more real disability, more rigidity due to reflex spasm in spite of the fact that frequently the symptoms signs of caries in the adult were frequently masked. Cervical caries appearing at the age of 40 was not common and at that age almost invariably progressive, which did not appear true in the present case.

The crepitus, too, which was elicited so markedly upon free movement of the neck rather pointed to another disease.

The word "caries sicca" he believed to be largely a pathological misnomer.

Dr. Taylor agreed with the two foregoing speakers. He thought the patient should have shown more severe symptoms and more tendency to progress were it a case of caries.

The indications for treatment, however, of osteo-arthritis and tuberculosis of the spine were the same as far as protection and support to the diseased vertebrae were concerned.



Dr. Judson expressed himself as unable to amend his diagnosis. He considered the case as a typical one of cervical Pott's disease and recalled the symptoms in detail. He took the opportunity to call attention to an important sign of disease in this region. Figures 1 and 2 showed how the lordosis accompanying deformity in the

dorsal region was unconsciously assumed by the patient for the preservation of his equilibrium. This has been well shown in the photograph exhibited by Dr. H. Gibney at the meeting held on Oct. 19, 1900. In cervical disease, figures 3 and 4, the equilibrium was not seriously disturbed but the necessity of a horizontal visual axis led to extension of the head at the occipitoatlantal articulation with the characteristic forward displacement of the axis of the head seen in figure 4 and in the patient who had been presented.

Dr. Leonard W. Ely asked if this sign was invariably present.

Dr. Judson replied that in adults it was.

OSTEOTOMIES FOR CORRECTION OF BOW LEGS AND KNOCK KNEES.

Dr. Homer Gibney presented six cases, and described methods employed. Three of these cases shown were very marked anterior curves of tibiae entirely corrected. Tracings, photographs and notes from the records of the Hospital for Ruptured and Crippled were presented.

Dr. L. A. Weigel, of Rochester, said that he was somewhat in doubt as to what constituted a true bow-leg and the proper course to pursue in a certain class of cases. An outline tracing of the leg might show an apparent bowing while a skiagraph would demonstrate that the shafts of the leg bones were straight. He exhibited skiagraphs of two cases to illustrate. In one of the cases the deformity was corrected by osteoclasts, but the skiagraph showed that the legs were straightened by making the bones slightly crooked.

Dr. Townsend agreed with Dr. Weigel about straightening legs often by making them "crooked." He had found frequently that in cases where the deformity was ideally corrected the bones were actually very crooked and his experience with radiographs had been similar to that expressed by Dr. Weigel.

Dr. Taylor wished to call attention to the importance of correcting inward rotation of the tibia in cases of bow-legs. There often exists an inward twist of 20 degrees or more and this could only be obviated by everting the lower fragments at the time of operation. In the cases

presented by Dr. Gibney he noticed that two of the children showed a marked inward twisting of the feet. Too little attention had been given to this point by operators. Neglect to correct this rotation meant an incomplete correction of the deformity and liability of a recurrence of the bow-leg. He advised breaking the fibula as well as the tibia, well loosening the fragments, twisting the foot out as much as possible—the resulting eversion would not be too great.

Dr. R. H. Sayre remarked that in one of the cases presented in photograph by Dr. Weigel, the thighs as well as the legs were bowed, and the bowing was accounted for probably by twisting of the neck of the femur as well as the lower part of the femur near the condyles. In many cases the distortion was found close to the epiphyses while the shafts of both tibia and fibula were straight. Operation should be performed at point where deformity existed.

COXA VARA.

Dr. Taylor presented a boy first seen by him in May, 1900, then six years old. He gave the history of having walked at the age of 11 months and of having been lame in the left leg ever since. There was one-half inch shortening of the left leg, the trochanter was elevated one-half inch and the head of the femur could not be felt. The symptoms pointed to coxa vara but he had not known of any other cases of this disease beginning at such an early age. A skiagraph showed that the head of the bone was in the acetabulum and that the neck was bent downward. There was no evidence of rachitis. The leg at present was smaller than the right; abduction and outward rotation were limited, other movements were free; shortening and elevation of the trochanter were the same. There had never been any pain.

Dr. Sayre said he should judge from the skiagraph that there had been a fracture of the neck of the femur and the inability to secure history of traumatism did not necessarily have any weight. The child had not been seen till six years of age and gave the history of walking at 11 months and limping. He judged that this might be a case of fracture of epiphyseal separation.

Dr. Weigel asked if there had been epiphyseal separation would not the action of the muscles have tended to draw the trochanter and shaft upward, the head being retained in the acetabulum.

Dr. Sayre said that would depend on the extent of the fracture, in other words, whether it were complete or not.

Dr. Taylor said that there was a history of several falls, none of them severe or followed by symptoms of injury.

It was evident that coxa vera was present whether as the result of traumatism or malformation.

Dr. Weigel read a paper on "Skiagraphy in Orthopedies," illustrating his discourse with many negatives adjusted in the X-ray stereoscope which he used. A brief reference was made to the technic of stereoscopic skiagraphy and the advantages over the ordinary method of producing X-ray negatives were fully explained. The technic was not difficult. He considered one of the principal difficulties in skiagraphy the proper interpretation of the negative in the stereoscope. The idea of depth was given which was not apparent when viewing the negative alone. By reversing the negatives in the apparatus the pictures could be viewed from the opposite surface.

Dr. Weigel also presented the subject of "fractures and dislocations in tubercular joints disease," with illustrative skiagraphs.

One of these was a boy who was said to have double congenital dislocation of the shoulders, which proved on careful examination to have been tubercular destruction of the joints, with partial dislocation. On one side an abscess cavity of large size communicated directly with the joint.

In another case involving one elbow joint and forearm the necrotic process gradually attenuated the shafts of the radius and ulna. Eventually a complete separation of the latter bone occurred about one inch below the joint and allowed the bones of the forearm to slide upward and backward.

THE COMPLICATIONS AND DEGENERATIONS OF FIBROID TUMORS OF THE UTERUS AS BEARING UPON THE TREATMENT OF THOSE GROWTHS.

C. P. Noble (Am. Jour. of Obstet., Vol. 44, No. 3), in concluding a paper with the above title, says:

It is gratifying to contrast the results which can be secured through the resources of modern gynecology with those which would follow an expectant plan of treatment. The mortality of hysterectomy and myomectomy is variously estimated at from 2 to 10 per cent. In a series of 345 cases published by myself in 1897, the mortality of hysterectomy by supravaginal amputation in the hands of five American gynecologists was 4.9 per cent.; in a series of 100 total hysterectomies the mortality was 10 per cent. In a collection by Olshausen of 806 cases of supravaginal amputation, the mortality was 5.6 per cent., contrasted with a mortality of 9.6 per cent. in a collection of 520 cases of total extirpation. According to Bishop, Mr. Christopher Martin reports 35 cases of total extirpation, with a mortality of 2.8 per cent.; Doyen 60 cases, with a mortality of 2.6 per cent.; A. Martin 81 cases, with a mor-

tality of 7.4 per cent. The advocates of vaginal hysterectomy for fibroid tumors report equally as good, if not better results.

The results of myomectomy indicate that enucleation is a more dangerous operation than hysterectomy, although in the hands of trained men the results are excellent. Kelly reports 97 myomectomies, with 4 deaths. This is to be contrasted with 307 hysteromyomectomies, with 15 deaths, or a mortality of 4.8 per cent. MacMonagle reports 65 cases of myomectomy, with no death.—*Memphis Med. Monthly.*

TETANUS.

Maschcowitz, *Boston Medical and Surgical Journal*, in a paper which he read at the meeting of the New York County Medical Society, summarizes his views as follows:

1. All forms of tetanus are caused by the bacillus of Nicolaier; hence the diagnosis of rheumatic or idiopathic should have no room in our nosology.
2. The tetanus toxins appear to have a distinct affinity for the anterior horns of the spinal cord, which may be distinctly recognized by Nissl's method of staining.
3. The cerebro-spinal fluid of tetanus patients is more toxic than the blood.
4. The antitoxin therapy appears to have a distinct influence upon the course of tetanus.
5. With the antitoxin treatment the mortality percentage has been reduced from about ninety per cent. to forty per cent.
6. Although the use of the serum is the most important factor in the treatment of tetanus, the other recognized therapeutic measures should not be neglected.—*Texas News.*

PASTEUR.

In a life of Pasteur, published in Paris, attention is called to the fact that the man who was destined to revolutionize chemistry came in fourteenth in the list of twenty-two candidates at his high school in Dijon, and was marked "weak" in chemistry. His researches in regard to the disease of silkworms are said to have been the means of saving France a sum equal to that paid to Germany as a price of peace. He made no attempt to obtain a legitimate profit from the commercial application of his labors.—*American Medicine.*

Abstracts.

The Treatment of Chronic Intestinal Catarrh.

In the International Medical Journal for August, 1901, Reed asserts that the dietetic is the most difficult part of the treatment, and the most important. An almost exclusive diet of meat with a very free use of hot water—the pulp of lean beef or finely hashed beef or mutton, with just enough of lettuce or celery to act as a relish, and a slice or two of stale bread and butter daily—kept up for a few weeks, will often accomplish brilliant results in controlling catarrh, either gastric or intestinal; but there are important contraindications to such a regimen. When a dilated stomach, or one with a very poor motor power, co-exists, as often happens, the large amounts of water will disagree unless given one glass at a time, and sometimes even then. When there is a very feeble heart, the superabundance of fluid involves dangers, and when the heart is enfeebled by gouty conditions—that is, overtaxed by forcing the blood through arterioles contracted by the alloxuric bases and other poisons produced in lithemia—there is the added danger that the overplus of meat will aggravate. Moreover, in patients having rheumatism or arteriosclerosis, as in the case of so many elderly persons, the meat diet often proves harmful.

But even in persons in whom no such contraindications appear it is not always safe, and the writer reports the case of a young lady who became insane as a result apparently of such a diet after a few weeks' use of it; and in any case it can scarcely be continued in a strict form longer than three or four weeks. Perfect nutrition demands a proportion of about three-fifths carbohydrates and one-fifth fats in the diet, and if the system be long denied a due allowance of these, the metabolism is disturbed.

When the meat diet does not suit, or when the intestinal catarrh persists, after trying it for a sufficient length of time, the best reliance will be upon good stale white or whole-wheat bread (not very coarse bran or brown bread) and butter, together with other cereal foods in a dry form, so as to require thorough mastication and insalivation. thoroughly cooked rice and gluten preparations are allowable. Eggs, except when fried, can also be eaten once or twice daily, and good fresh lean fish may be taken. Fresh milk and a small or even moderate amount of cream are generally well borne, though there are cases in

which they wholly disagree, and Boas taboos milk entirely in this affection. Scraped or hashed meat once or twice a day is desirable in most cases, and sometimes steak, chops, or even tender broiled ham in small quantities, well chewed, agree perfectly. Sugar and the fruits always aggravate in the severer cases, and when there is diarrhea should be rigorously prohibited. The vegetables are nearly as bad, and though a little celery, lettuce, asparagus tops, or even baked white potato, may not always seem at once to disturb, much of them at one time usually does, and the potato especially is likely to increase the fermentation. Summer squash, pumpkin, egg-plant, etc., may be cautiously tried in the lighter cases with constipation. All vegetables agree best in purees; most of them are positively hurtful in well marked cases of intestinal catarrh. As to beverages, alcohol should be generally avoided, but tea and coffee may be allowed in moderation, provided the patient be not lithemic. Chocolate and cocoa disagree on account of their accompanying sugar and large content of fat. Cereal coffee and hot water flavored with milk or otherwise to suit the taste are safe drinks, and in Europe a little claret is often allowed when the gastric juice is deficient. Iced drinks are injurious.

As to the other parts of the treatment, it is impossible to outline any definite course which will cure all cases. Indeed, in no field are experience, diagnostic acumen, an intimate knowledge of all the remedial measures, good judgment, and especially patience, so indispensable.

The fundamental requirements are to bring up the nerve tone and improve the circulation in the intestines by whatever means will best succeed. The most practicable and effective are, in general, the milder forms of outdoor exercises, including golfing, rowing and horseback riding, together with massage (except when there is hyperchlorhydria, or spastic condition of the bowels), electricity, and hydriatric procedures, such as colonic flushing with mild antiseptic or astringent solutions, and wet packs and jet douches to the abdomen. An equally important thing is to secure good drainage—perfect elimination through the bowels, kidneys and skin. This can often be accomplished by the above named measures and drinking freely—even copiously sometimes—of pure water, when this is not otherwise contraindicated. In some cases, however, a cautious use of the gentler and least irritating laxatives, such as olive oil, by mouth or enema, cascara sagrada, sulphur, or the salines (especially the phosphate or sulphate of sodium), will best effect this object. It is nearly always indispensable that there should be one complete evacuation every day, or at least every other day, but if possible this should not be loose—never watery. Even in

the cases in which constant diarrhea has become established, flushing the colon with a normal salt solution, followed by injections of antiseptics, and when necessary also an astringent, such as a teaspoonful of bismuth to the pint of tepid water, nearly always gives better results than opiates and astringents by the mouth. These last are rarely necessary even temporarily, and used for long always do harm. Dr. Deardorff, of San Francisco, recommends in chronic colitis the injection every other evening of several quarts of a normal salt solution, and on the alternate evenings the following:

R Acidi carbolic, ʒiiss;
 Glycerini, fʒiij;
 Listerin (vel. euthymol), q. s. ad fʒvj.

M. Sig.: Add two tablespoonfuls to two quarts of cool or tepid water and inject every other evening.

This has been used in numerous cases, with excellent results in nearly all. When there is persistent diarrhea, the massage should be light or omitted, and so also when there is constipation of spastic origin. The milder astringents, such as bismuth, need also to be given by the mouth when the bowels are persistently loose. In all stubborn cases the stomach should be tested by washing out or extracting the contents four to six hours after a meal, to ascertain the degree of gastric motor power and the character of the chyme being delivered into the intestines—whether or not well digested, and whether irritating from an excess of either free HCl or organic acids resulting from fermentation. When in this way we find the stomach contents excessively irritating from a too high acidity, we will naturally need to remove such a cause of the intestinal trouble before we can hope to effect a cure. The appropriate treatment of the gastric disease will need to be illustrated, and if there be much stagnation, gastric lavage for a time will be indispensable.

Supposing the cause or causes to have been removed, the remedies already mentioned will rarely fail to control the symptoms except in the severest cases. When one or two loose stools recur every morning, very small doses of podophyllin—gr. 1-100 every three to four hours—act most happily in restraining it, and sometimes one-tenth-grain doses of calomel every two to four hours prove the most efficient means of stopping the offensive diarrhea which results as a complication from taking cold, or more often from some imprudence in diet. The same small doses of calomel given for one or two days each week, or until biletinged stools result, are frequently more curative in chronic intestinal catarrh than any other medicine.

Car and Sea Sickness,

Many persons cannot be induced to take a voyage across the sea because of the great suffering which comes in the way of sea sickness. There are others who cannot ride on the cars without experiencing the same discomfort. This infirmity adds to the burdens of this life very much and many people would give anything to gain exemption from this trouble.

Experience has proved that if these patients can take a nerve sedative and this long enough before going on the cars they will not suffer with emesis until the action of that agent has worn off. But frequently after sedative has been secured the patient will experience relief all the way.

Another matter of importance in treating these patients is to see to it that they take easily digested foods during the voyage, or before going on the cars. The bowels should also be acted upon freely, and the patient should take some agent which will act as a gentle laxative. In fact the three indications to prevent and to cure sea or car sickness are—the regular employment of non-injurious sedative to the nervous system, the maintenance of a correct diet, and the use of a mild laxative that will keep the bowels acting freely, but which will not purge the patient.

In carrying out the first and third indications I rely upon Daniel's Conc. Tinct. *Passiflora Incarnata*. This agent is an especially valuable nerve sedative, and it is also a mild laxative—which keeps the bowels in normally loose condition without weakening the patient by too free purgation. It is my custom to give this remedy in doses of a teaspoonful every three hours. Taken in this way beginning a day before voyage is undertaken and continued until the ship is about eighteen or twenty-four hours we will rarely ever have our patient suffer with sea sickness. It is, however, advisable to have our patient as a precautionary take the remedy for several days longer in doses of a teaspoonful every two or three hours. Daniel's Conc. Tinct. *Passiflora Incarnata* does not interfere with digestion or produce any other bad effects as do the bromides and other remedies which are frequently resorted to in the treatment of this condition.

In fulfilling the second indication it is well for the physicians to give the patient explicit directions in regard to eating. Only foods known to be of a digestible nature are to be eaten. Some patients, we will find out by questioning, will only long for foods which are difficult to digest. If we will explain to these patients that prolonged or difficult digestion adds to the irritability of the stomach and in this way tend to make the trouble more pronounced we will find that most patients will follow our advice. It is my custom to copy the diet list of

food admissible in dyspepsia given in works on dietetics and give it to the patient. These lists comprise the foods which should be eaten and which are to be avoided, and have proved of the greatest value.

Daniel's Conc. Tinct. *Passiflora Incarnata* is agreeable to the palate and has none of the injurious after effects common to the bromides and drugs of that class.

While Daniel's Conc. Tinct. *Passiflora Incarnata* is being taken the patient does not suffer with headache. Those patients who suffer with frequent attacks of sick headache (hemicrania) will find exemption from this affliction. This exemption of these patients from headache is due to the action of the remedy as a nerve stimulant and laxative. In all forms of headache, the action of Daniel's Conc. Tinct. *Passiflora Incarnata*, however, has been found to be most beneficial.

Given in doses of one to two teaspoonsful every two to four hours we generally obtain its prompt action.

Tetanus and Vaccination in Camden.

The recent occurrence of a number of cases of tetanus in Camden, New Jersey, "following vaccination," has stirred up unnecessary alarm in the community, and will no doubt be turned to the utmost account by the antivaccination agitators. Their lurid portrayal of the dire results of vaccination and their fervid citation of the Camden cases in support of their contention we must expect, but it is our duty to meet fanaticism with pure reason. Fortunately, one of the particular facts that are reported to be giving rise to widespread apprehension is really a fact that of itself alone ought to suffice to allay fear. The good people of Camden are represented as saying to themselves: "Persons who have been vaccinated are coming down with tetanus two and even three months after the vaccination. When can we feel ourselves safe?" This very lapse of time ought to teach them that the tetanus was, indeed, "following vaccination," but in no wise connected with it. Most of the ills that men suffer from "follow" vaccination, *longo intervallo*, for vaccination does not purport to protect people against anything but small pox. The period of incubation of tetanus rarely exceeds two weeks, and when tetanus declares itself at a time more remote than that from the vaccination, it may safely be said that the germ of the disease was not inoculated with the vaccine.

Like any other wound, of course, the abrasion made in the operation of vaccination may subsequently be infected with the germ of tetanus. That micro-organism is undoubtedly running riot in Camden at the

present time, and we should not advise anybody living in the vicinity to be vaccinated until the infection has disappeared; we should not advise it even in a case of exposure to small pox, for the mortality of small pox, high as it often is, is almost insignificant in comparison with that of tetanus. But this advice we do not base on the slightest apprehension of contamination of the vaccine with the germ of tetanus, but on the fact that any abrasion, cut, or solution of continuity of any sort implicating the integument or a mucous membrane may prove the point of lodgment of the pathogenic organism. The sanitary officials are reported to have forbidden physicians to perform any more vaccinations for the present. Such an order, supposing it to have been issued, may be arbitrary, but it certainly ought to be scrupulously obeyed. Moreover, so long as tetanus is present, there should be a total suspension of surgical operations of every sort save those that are imperative. Even such mild measures as curetting and the raising of a blister it would be well to avoid. When we make the sweeping statements it will be seen how thoroughly we recognize the element of traumatism in the causation of the Camden cases of tetanus and how utterly we deny the agency of vaccination as such, that is, as regards any contamination of the vaccine employed. It came from different sources, and on one purveyor's product was used exclusively in the cases in which tetanus followed. In short, there is not the ghost of a reason for regarding the vaccine as the cause of the disease.—New York Medical Journal.

Pulmonary Oedema, Acute.

Treatment.—If the pulse is full and the heart acting vigorously, the spasm of the minute arterioles can be as readily relieved by nitroglycerin or morphine as by the depressing effect of the abstraction of blood. If the immediate origin of the trouble is the weakened muscle of the heart, showing its feebleness by frequent, irregular, and inefficient contractions, with a small and fluttering pulse, one should give at once under the skin 1-100 grain of atropine sulphate, with 1-50 grain of strychnine sulphate. This is to be inserted just below the clavicle in order to reach the heart with the least loss of time. While this is being absorbed attention can be given to preparations for venesection, if it should prove necessary. Atropine rapidly contracts the vessels, stimulates powerfully the sympathetic system, increases the force of the heart's beat, raises arterial tension, stimulates the respiratory centers, and dries up the secretions of the skin and mucous membranes. The dose required is whatever may be sufficient to produce

its physiological effect, easily gauged by watching the amount of dilatation of the pupil. It is safe to begin with 1-100 grain, and repeat in a half-hour or at longer intervals, until the system is well under its influence. Charles O'Donovan (Amer. Med., Sept. 14, 1901).

Health Officials and Politics

A public officer whose duties involve either technical work on his own part or the exercise of judgment founded on such work performed by others should be chosen without the slightest regard to his political opinions or his party affiliations. He should, of course, be the best available man for the office, and so long as he continues to answer that requirement he ought to be free from the least chance of supersession for any reason whatever. All medical officials are such officers, and those of them who are in high places, as well as those of subordinate rank, ought to be as secure in their tenure as a civil service appointee or a medical officer of the army or the navy. These remarks, we take it, will incur no opposition or dissent, save such as may be founded on self-interest or rank partisanship. They are called forth by something that is reported to have been said at a recent meeting of physicians held in Buffalo for the purpose of eliciting the feeling of the medical profession of that city concerning the management of the sanitary affairs of the city by Health Commissioner Ernest Wende.

One of the speakers is reported to have said: "When the people of Buffalo elected Erastus C. Knight by over 5,000 majority, they did so with the expectation that Dr. Wende would be removed from office. * * * * In view of this fact, I think we ought to centre our energies on procuring the appointment of the best candidate available among the Republican ranks, instead of wasting useless exertion on

One of the speakers is reported to have said: "When the people of a forlorn hope." According to the Buffalo Express, these words called less there were many Republicans at that meeting, but almost all of them, so far as we can infer, divested themselves of party feeling, sinking it in loyal devotion to professional honor. It is reported that there were a few votes in the negative on Dr. Stockton's resolutions calling on the mayor-elect to reappoint Dr. Wende, but nobody spoke against them, except the gentleman whose statements we have quoted.

We are not urging the reappointment of Dr. Wende, although we have reason to regard him as an exceptionally intelligent and devoted sanitarian, for we believe that it is not well, as a rule, for a medical journal to advocate the choice of any individual as a public officer, but we have no hesitation about stating our belief that the people of Buffalo did not elect Mr. Knight for the purpose, among others, of terminating Dr. Wende's tenure of office. The incumbency of a health

commissionership is not usually a burning question in an election, and, even if it was expected that Dr. Wende's suppression would be one of the results of their electing Mr. Knight, we give the people of Buffalo credit for mingling regret with the expectation. The result of the election was probably brought about by considerations having nothing at all to do with Dr. Wende's office. We are encouraged by the action of this meeting of Buffalo physicians to hope that the vicious doctrine embodied in the saying "to the victors belong the spoils" is doomed to repudiation before many years, and great will be our satisfaction in reflecting that the medical profession helped powerfully to bring about such a result.—New York Medical Journal.

The Tetanus Cases in St. Louis.

The report of the committee of bacteriologists who have been engaged in the study of the fourteen deaths from tetanus which occurred in St. Louis recently following the administration of diphtheria antitoxine, while outspoken in placing the blame upon the authorities under whose direction the antitoxine was prepared, is reassuring to those who may have been tempted to doubt our bacteriological methods in view of the lamentable results following the use of diphtheria antitoxine in the St. Louis cases.

This committee, whose conclusions are published in another column, finds that the deaths were caused, not by germs or spores of tetanus, but by the introduction of tetanus toxine already formed. A careful test of the toxicity of the serum showed that the dose of serum (ten cubic centimetres) contained but little more than a fatal dose of the tetanus toxines for a child weighing fifty pounds. The committee specifically charge the health department with having issued some of the antitoxine drawn on Sept. 30th from a horse which on Oct. 2d showed symptoms of tetanus, and it is further charged that a portion of the serum labeled as having been drawn on Aug. 24th was in fact drawn on Sept. 30th. Serum dated Oct. 23d came into the possession of the committee on Nov. 1st, an interval too brief for any animal experiments to have been made with it, and the committee is of the opinion that the serum drawn on Sept. 30th may have been issued before there was time to perform the simple tests necessary to determine its antitoxic potency.

In all of this there is nothing calculated to shake one's faith in the reliability of our bacteriological methods. The errors charged are errors of carelessness and not of ignorance. No hitherto unforeseen dangers were discovered in the investigation, but the accuracy and reliability of the results obtainable by the modern bacteriologist were

admirably illustrated by the character of the work done by the committee. The one lesson taught by the sad occurrence is the need for the use of careful, painstaking, scientific methods in every step in the process of preparing these potent remedies, and, as we have already said, we believe that such work should properly be left to private enterprise and not to public officials.—*New Medical Journal*.

Adenoids in Infancy, Diagnosis of.

The objective symptoms are peculiar facial expression, mouth-breathing, snoring at night and noisy respiration during the day, vocal changes, abnormal and excessive nasal secretions, sneezing and reflex neuroses, chest deformities, and spinal curvatures. The subjective symptoms are headaches, stuffy feeling in the nose, dryness of mouth and throat (especially in the mornings), sore throat, impairment of the taste, inability to concentrate attention (with more or less stupidity and depression), earaches, deafness, and tinnitus.

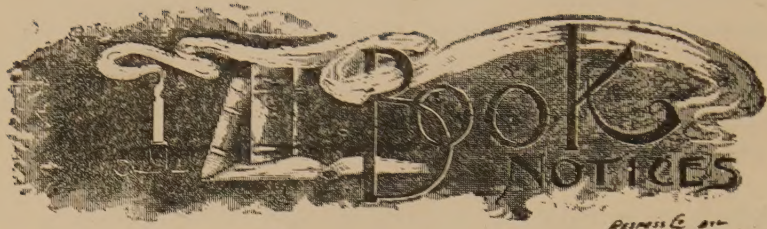
Of the symptoms enumerated, mouth-breathing and snoring may exist without adenoids being responsible; and also adenoids may be present without causing any obstructive disturbance in the upper air-tract.

The age of three years and under may be taken as the period of infancy. During a recent examination of 437 infants under three years of age, 45 were found under seven months old who had some nasal obstruction; but in no child under three months was the obstruction due to lymphoid hypertrophy in the nasopharynx.

The following conditions may cause respiratory obstruction simulating that caused by adenoids in the naso-pharynx of infants under six months:

1. Lymphatism and lithaemia.
2. Syphilitic or gonorrhoeal rhinitis.
3. Congenital atelectasis.
4. Digestive disturbances.
5. Congenital highly arched palate.
6. Very small or occluded nostril or nasal passages.
7. Unusually small post-nasal space, with large Eustachian eminen-
ces.
8. Marked anterior projection of the bodies of the cervical vertebrae.
9. Some malformations of the soft palate.
10. Hypertrophy of the tongue.

Some of the conditions enumerated are rare, but all have occurred in personal experience, and should be given consideration in every case where the cause of obstruction is not evident. W. F. Chappell (*Laryngoscope*, September, 1901).



PRACTICE OF MEDICINE. By Eminent Medical Specialists and Authorities. Edited by George Alexander Gibson, M. D., D. Sc., F. R. C. P. Ed., Physician to the Royal Infirmary, Edinburgh Complete in two volumes, 1770 pages, 8vo. Illustrated. Philadelphia: J. B. Lippincott Company, Publishers. Price, cloth, \$8; sheep, \$10.

The work before us is one that will interest the medical profession of this country, perhaps as much as any work on the general subject of the practice of medicine which has been published in recent years. After looking it over we take pleasure in calling the attention of the readers of the Journal to it and here add the following from the author:

"A considerable lapse of time has occurred since the publication in this country of a text-book similar to that now submitted to the public. The advances in every branch of medicine have during the interval been so great as to create a want for a work reflecting modern English teaching, and it has been felt that this can be most satisfactorily met by the united efforts of several writers who represent different important schools in the United Kingdom. In arranging the scheme and determining the scope of the work, certain points have demanded consideration, and it has by no means been easy to arrive at a decision regarding them. The wisdom of including a preliminary discussion of general etiological and pathological problems, by way of introduction to the more practical portion of the work, has been carefully weighed, and the conclusion reached that such a section would be of real utility. The position of cutaneous diseases has also been a subject of anxious deliberation. Although fully recognizing that in every medical school Dermatology ought to have the thorough teaching which can only be given by a specialist, it has seemed inexpedient to exclude diseases of the skin from a text-book on the Practice of Medicine. Another matter requires a word of remark. Certain symptoms, occasionally dignified by the title of separate diseases, will be sought in vain under individual headings, but will be found as parts of the subjects to which they properly belong."

BOOK NOTICES

NOTHNAGEL'S ENCLYCLOPEDIA OF PRACTICAL MEDICINE. Edited by Alfred Stengel, M. D., Professor of Clinical Medicine in the University of Pennsylvania. Visiting Physician to the Pennsylvania Hospital.

It is universally acknowledged that the Germans lead the world in Internal Medicine; and of all the German works on this subject, Nothnagel's "Encyclopedia of Special Pathology and Therapeutics" is conceded by scholars to be without question the best system of medicine in existence. So necessary is this book in the study of Internal Medicine that it comes largely to this country in the original German. In view of these facts; Messrs. W. B. Saunders & Company have arranged with the publishers to issue at once an authorized edition of this great encyclopedia of medicine in English.

For the present a set of some ten or twelve volumes, representing the most practical part of this encyclopedia, and selected with especial thought of the needs of the practical physician, will be published. The volumes will contain the real essence of the entire work, and the purchaser will therefore obtain at less than half the cost the cream of the original. Later the special and more strictly scientific volumes will be offered from time to time.

The work will be translated by men possessing thorough knowledge of both English and German.

Each volume will be edited by a prominent specialist on the subject to which it is devoted. It will thus be brought thoroughly up to date.

The American edition will be more than a mere translation of the German; for, in addition to the matter contained in the original, it will represent the very latest views of the leading American specialists in the various departments of Internal Medicine. The whole system will be under the editorial supervision of Dr. Alfred Stengel, who will select the subjects for the American edition, and will choose the editors of the different volumes.

Unlike most encyclopedias, the publication of this work will not be extended over a number of years, but five or six volumes will be issued during the coming year, and the remainder of the series at the same rate. Moreover, each volume will be revised to date of its publication by the American editor. This will obviate the objection that has heretofore existed to systems published in a number of volumes, since the subscriber will receive the completed work while the earlier volumes are still fresh.

The usual method of publishers, when issuing a work of this kind, has been to compel physicians to take the entire system. This seems to us in many cases to be undesirable. Therefore, in purchasing this encyclopedia, physicians will be given the opportunity of subscribing

for the entire system at one time; but any single volume or any number of volumes may be obtained by those who do not desire the complete series. This latter method, while not so profitable to the publisher, offers to the purchaser many advantages which will be appreciated by those who do not care to subscribe for the entire work at one time.

This American edition of Nothnagel's Encyclopedia will, without question, form the greatest system of medicine ever produced, and the publishers feel confident that it will meet with general favor in the medical profession.

PHYSICIANS VISITING LIST (LINDSAY AND BLAKISTON'S)

FOR 1902. Fifty-first year of its publication. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

It is unnecessary for us to do more than call the attention of our readers to this popular visiting list. To say that it is one of the best and most convenient books is merely to repeat what we have said from year to year, but the "List" for 1902 is all that could be expected of a visiting list. Every doctor in Alabama should get one.

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The real and doubtful remedies in this ubiquitous disease are positively legion, and if Germiletum did not possess exceptional and specific scientific merits which will at once command the attention of the thoughtful, we should hesitate to mention catarrh, that bugbear of the medical profession. It is well known that the saliva, lachrymal secretions, and most of the secretions of the upper alimentary and respiratory passages are alkaline in character, the saliva markedly so. Germiletum, being slightly alkaline (no acid reaction) and so strongly antiseptic its special utility is conceded. The experimental and clinical observations on these lines so fully confirm anticipations that a faithful and impartial trial of Germiletum is only requested to demonstrate its superiority, whether in nasal, aural or pharyngeal catarrh. Manifestly all forms are due to the ravages of micro-organisms. Germiletum effectually kills germs, while nature only restores the normal state. Use one part Germiletum to six parts of warm water as a wash, gargle or with an atomizer, three or four times a day.

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